N0600010367

(Re	equestor's Name)	
(Ad	idress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(0.0	No.	
(LXC	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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04/08/09--01021--003 **43.75



4/10/09

COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION of a CORPORATION
DOCUMENT NUMBER: N06000010367
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paula S. Mc Cord. (Name of Contact Person)
(Name of Contact Person) ANNABELLE'S FRIENDS, INC.
202 BUTTONWOOD AVE.
(Address)
Winter Springs, Fl. 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
Paula Mc Cord at (407) 647-7387 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Comprations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

FILED

	section 617.1401, Florida Statutes, this Florida not for profit corporation substitution of the statutes of the section of the	
Articles of I	Dissolution: SECRETARY OF STATE TALLAHASSEE, FLORID	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	ANNABELLE'S FRIENDS, INC.	
SECOND:	The document number of the corporation (if known): NO600010367	
THIRD:	The file date of the articles of incorporation: $09/29/2004$	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	The dissolution was authorized by a majority of the directors: OR	
	☐ The dissolution was authorized by an incorporator.	
	☐ The dissolution was authorized by a majority of the incorporators.	
Signa	ature: Daula S. Millerd	
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Paula S. McCord (Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35