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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	a #1\
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CORPORATE	DISSOLUTION	
DOCUMENT NUMBER: Pool	2000 44482	
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
STEPHEN SANT	Person)	
(
MBC CHILDAEN'S 2 (Name of F	Firm/Company) county	
7611 MONTE VE	(Address)	
WEST BALM BE	tate/and Zip Code)	
For further information concerning this matt		
STEPHEN SANTER	at ()	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amour	nt:	
22 \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	409 E. Gaines Street	

__ Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:	
	ABC CHILAMEN'S LEARNING ACKNOWNE OF PALMAGENT COUNTY	
SECOND:	The document number of the corporation (if known): Passage YW82	
THIRD:	The date dissolution was authorized: /2/31/04	
	Effective date of dissolution if applicable: /2/3//04 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	☐ Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by 25 A T T S S S S S S S S S S S S S S S S S	
	(voting group)	
	Signed this 3/ day of December, 2004 FS 08	
Signat	ure: State Santon	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator () if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	STEIMEN SANTEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ABC CHILDAEN'S LEMANNE ACADEMY OF PRINCENAN POWY, Znc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as

specified in the Articles of Dissolution.

Description of information that must be included in a claim:

DATE OF EVENT	
WHO AUTHORIZED	——————————————————————————————————————
WHENE Service completed or Delivered	128 T
Prier Netice To who	me z M
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	•
7611 MONTE VENDE LANG	
WEST PARM BONGS, FL 3341	_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

STEPHEN SANTER
Printed Name of the Person Filing
Signature of the Person Filing