

PD10000012946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

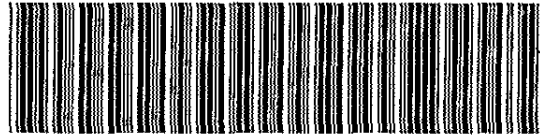
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800027282798

01/26/04--01021--004 \*\*35.00

FILED  
04 JAN 23 PM 3:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1/30/04 NOTICE

January 22, 2004

Treasure Coast Natural Health Center  
Document Number P01000012946

Former Address:

736 NE Jensen Beach Blvd  
Jensen Beach FL 34953

Use this address:

1302 SW Bartell Avenue  
Port St. Lucie FL 34953

RE: Dissolution of Corporation

I was under the impression that I had taken care of dissolving this corporation one year ago – as of December 31, 2002. Apparently that did not happen because I received notice that the State of Florida has administratively dissolved this corporation for failure to file the 2003 corporation annual report.

I do not want to reinstate this corporation and have enclosed the forms and check again. I hope this time it is done in the correct manner. I have not done business with this corporation since December 31, 2002.

Thank you,

A handwritten signature in black ink that reads "Susanne M. Whitmer". The signature is fluid and cursive, with the first name being the most prominent.

Susanne Whitmer  
1302 SW Bartell Avenue  
Port St. Lucie FL 34953  
Whit46@bellsouth.net

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolve Corporation

DOCUMENT NUMBER: P01000012946

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susanne M. Whitmer  
(Name of Person)

Treasure Coast Natural Health Center  
(Name of Firm/Company)

1302 SW Bartell Ave  
(Address)

Port St Lucie FL 34953  
(City/State/and Zip Code)

Former  
address:

736 NE Jensen  
Bch Blvd

Jensen Bch FL  
34957

For further information concerning this matter, please call:

Susanne Whitmer at ( 772 ) 340-4130  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Treasure Coast Natural Health Center, Inc.

SECOND: The document number of the corporation (if known): PO1000012946

THIRD: The file date of the articles of incorporation was: February 2, 2001

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 21 day of January, 2004.

Signature: Susanne M. Whitmer

(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.)

Susanne M. Whitmer

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
04 JAN 23 PM 3:25  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## 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: Treasure Coast Natural Health Center, Inc.

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:

n/a

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1302 SW Bartell Ave  
Port St. Lucie FL 34953

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.

Susanne Whitmer  
Printed Name of the Person Filing

Susanne Whitmer  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00