## P02000080056

| (Requestor's Name)                      |  |  |
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| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
| Operational to 1 mily officer.          |  |  |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/11/12

## **COVER LETTER**

**TO:** Amendment Section

| Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: BEST NANNY 4 U, INC.   |   |  |
| DOCUMENT NUMBER: P02000080056   | <u> </u>  |  |
| The enclosed Articles of Dissolution and fee are  | submitted for filing.   |  |
| Please return all correspondence concerning this  | matter to the following:  |  |
| BRENDA BYRD   |   |  |
| (Name of Contact Person)  |   |  |
| BEST NANNY 4 U, INC.  |   |  |
| (Firm/Company)  |   |  |
| PO BOX 718  |   |  |
| (Address)   |   |  |
| SILVER SPRINGS, FLORIDA 34489   |   |  |
| (City/State and Zip Code)   |   |  |
| For further information concerning this matter, please call:                                    |   |  |
|   | <sub>st (</sub> 352 ) 438-2272  |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)  |  |
| Enclosed is a check for the following amount:   |   |  |
| (Add  | 3.75 Filing Fee & S52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                      |  |

## ARTICLES OF DISSOLUTION FILE

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 Florida Department of State: **BEST NANNY 4 U, INC** The document number of the corporation (if known): P02000080056 SECOND: The date dissolution was authorized: \_DECEMBER 31, 2011 THIRD: Effective date of dissolution if applicable: N/A (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 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 (voting group) Signature: (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) BRENDA BYRD (Typed or printed name of person signing) VICE PRESIDENT

Filing Fee: \$35

(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: BEST NANNY 4 U, INC   |
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . |
| Description of information that must be included in a claim:   |
| CLAIM MUST HAVE ORIGINAL DATE OF INCURRANCE DOCUMENTED.  |
| INCLUDE SIGNATURE(S) OF BEST NANNY 4 U, INC. CORPORATE OFFICER ON ORIGINAL CLAIM DOCUMENT.   |
| INCLUDE ORIGINAL NAME OF CLAIMANT AND COMPANY ADDRESS WHERE TRANSACTION ORIGINATED.  |
| SUBMIT COPY OF ORIGINAL DOCUMENTS; PROOF OF CLAIM REST WITH THE CLAIMANT.  |
| (INCLUDE) ALL TRANSACTION HISTORY WITH BEST NANNY 4 U, INC. SHALL BE DOCUMENTED.   |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  |
| PO BOX 718   |
| SILVER SPRINGS, FL 34489   |
|  |
|  |

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.

**BRENDA BYRD** 

Printed Name of the Person Filing

Signature of the Person Filing

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