P03000 101056

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			
} :				
}				
<u> </u>				

Office Use Only



100064371551

01/26/06-01034-011 **35.00

OG JAN 26 PH 1: 24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

148 3 0 2006



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

, Division of Corporations			
SUBJECT: DISSOLUTION OF BETTER LIVING SPACE INC.			
DOCUMENT NUMBER: P02000101056			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ROCCO FALCOMATO			
(Name of Contact Person)			
FALCOMATO AGENCY			
(Firm/Company)			
2822 MADISON STREET			
(Address)			
HOLLYWOOD, FL 33020			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
PETER FALCOMATO at (954) 924-6247			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$\$43.75 Filing Fee & \$\bigs\\$			
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

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 Florida Department of State:			
	BETTER LIVING SPACE INC.			
SECOND:	The document number of the corporation (if known): P02000101056			
THIRD:	The date dissolution was authorized: 12/31/2005			
	Effective date of dissolution if applicable: 12/31/2005 (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			
	(voting group)			
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by S an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			
	ROCCO FALCOMATO			
	(Typed or printed name of person signing)			
	SECRETARY			
	(Title of person signing)			

Filing Fee: \$35

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: BETTER LIVING SPACE INC.	 	e de la companya de
Date of dissolution will be the date the dissolution is filed with the Dep specified in the Articles of Dissolution.	partment of State or as	
Description of information that must be included in a claim:		
NAME OF CLAIMANT		
ADDRESS OF CLAIMANT		
CONTACT INFORMATION OF CLAIMANT		
AMOUNT AND TYPE OF CLAIM		
•		
Mailing address where claims can be sent: (Claims cannot be sent to the 2822 MADISON STREET	e Division of Corporations)	
HOLLYWOOD, FL 33020		• • •
		ere e e e e e e e e e e e e e e e e e e
A claim against the above named corporation will be barred unless a prwithin 4 years after the filing of this notice.	roceeding to enforce the claim	is commenced
	Vina Di	
ROCCO FALCOMATO	Well XI	
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