P02000126842

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone#)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Coples	Certificates o	f Status
, -		
Special Instructions to	Filing Officer:	
		ĺ



300047732373

03/18/05-01018-011 **35.00

D5 MAR 18 PH 12: 13

Office Use Only

gr vol.

COVER LETTER

Division of Corporations
SUBJECT: Dissolution of a Fl small lusiness
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
Bonnie Barker Consulting, elnc. (Name of Firm/Company)
(Name of Firm/Company)
28411 Hidden Bake Du (Address)
Bonita Springs, Fl 34134-1362
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 947-4355 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, 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 the Florida Departmen	t of Sta	te:	
	Bonnie Barker Consulting,	eln	. مص	
SECOND:	The document number of the corporation (if known): POJ 000 1	<u> 7</u> 68	34,	1
THIRD:	The file date of the articles of incorporation: 100 35, 2002			
FOURTH:	(CHECK AT LEAST ONE BOX)	ĬÄLL	95 T	
	None of the corporation's shares have been issued.	TALLAHASSE	05 HAR 8	一
	☐ The corporation has not commenced business.		PM	
FIFTH:	No debt of the corporation remains unpaid.	STATI	PH 12: 13	U
SIXTH:	The net assets of the corporation remaining after winding up have been dist to the shareholders, if shares were issued.	ributed	-	
SEVENTH	: Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
	Signed this 16th day of March , 2003	<u>5</u> .		
S	Signature: (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	y an incor	porator	- if
	BONNIE K BARKER (Typed or printed name of person signing)			
	President (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 Corpora	ation: USo	nie Back	Lew Con	rsulte	ng els
	on will be the date t Articles of Dissoluti	he dissolution is filed wit	th the Departn	nent of State o	or as
Description of in	formation that must	t be included in a claim:			
				 , ;- -	
	,				· ·
Mailing address	where claims can be	e sent: (Claims cannot be	sent to the Di	vision of Cor	porations)
-			38		
-		Bonnie Barl 28411 Hidden L Bonita Springs, F	ake Dr.		 _

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.

BONNIE K. BARKER Bonnie KuBarker

Printed Name of the Person Filing

Signature of the Person Filing