19030000/4819

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



000087857270

02/13/07--01028--007 **43.75



B

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: ">1550 WTIDN OF LUCYBELLE'S. INC. DOCUMENT NUMBER: P0300014819 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINDA ROESEMANN (Name of Contact Person) (Firm/Company) PORT ST LUCIE, FLA 34986 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (772) 878-3005 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & ▼\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subrates following articles of dissolution: TALLAHASSEE STATE

The name of the corporation as currently filed with the Florida Department of States ORIDA FIRST: LUCYBELLE'S, INC The document number of the corporation (if known): PO 30000 14819 SECOND: The date dissolution was authorized: VEC. 31, 2006 THIRD: Effective date of dissolution if applicable: (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

Filing Fee: \$35