

PP3000047412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

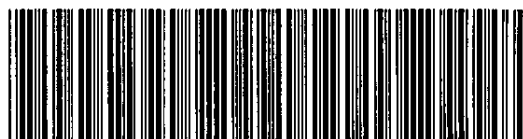
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2009 JUN 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S.
[Signature]

JAN CHAMPION
ONE MARKET STREET
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June 16, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution for Haven Health Clubs, Inc.

Dear Sir:

Please file the enclosed Articles for Dissolution of Haven Health Clubs, Inc. I have included the filing fee of \$35.00. The return address is 8374 Market St., No. 183, Bradenton, FL 34202. We do not require a certified copy.

Thank you.

Sincerely,



Jan Champion

Enclosures: Articles of Dissolution
Check No. 3280 in amount of \$35.00

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:

HAVEN HEALTH CLUBS INC.

SECOND: The document number of the corporation (if known): P03000047412

THIRD: The date dissolution was authorized: 3/31/09

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 that fiduciary)

JAN CHAMPION
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35