

P03000067384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

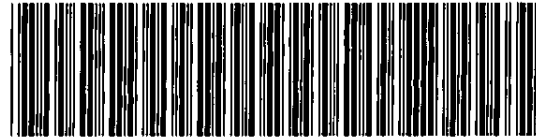
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900120828809

05/05/08--01021--002 **35.00

FILED
08 MAY -2 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss/
notice

5/5 8



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2008

LISA MAFQUEZ
ACCENT ON AGING ASTHETICS, INC.
P.O. BOX 1026
ALVA, FL 33920-1926

SUBJECT: ACCENTS ON AGING ASTHETICS, INC.
Ref. Number: P03000067384

We have received your document for ACCENTS ON AGING ASTHETICS, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Only a cover letter and check were received. No document was enclosed. Enclosed is dissolution information.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 608A00022380

RECEIVED
2008 MAY -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCENTS ON Aging dissolution of Corporation

DOCUMENT NUMBER: PO: 3000067384

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Marquez / - LISA MARQUEZ
(Name of Contact Person)

Accent on Aging & Aesthetics
(Firm/Company)

P.O. Box 1026
(Address)

Alva, FL. 33920 - 1926
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA MARQUEZ at (727) 637-7518
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & 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
Lifton 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:

Accents on Aging Aesthetics, Inc.

SECOND: The document number of the corporation (if known): P03000067384

THIRD: The date dissolution was authorized: 1/1/08

Effective date of dissolution if applicable: 4/1/08
(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

incorporator
(voting group)

Signature: L. Marquez

(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)

LISA L. MARQUEZ

(Typed or printed name of person signing)

President/owner
(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY - 2 AM 9:50

FILED

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: Accents on Aging Aesthetics, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Services
Notes
Amounts
disputed

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Lisa Marquet

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.

LISA L MARQUET
Printed Name of the Person Filing

Lisa Marquet
Signature of the Person Filing

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