

PO3000126099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

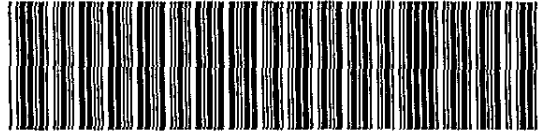
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/03--01077--003 **35.00

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03 NOV 13 PM 3:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

11/13/03



ANDERSON
LAW GROUP, PLLC

November 11, 2003

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Yenom Management Corp.

Enclosed you will find:

- An original and one copy of the dissolution for the above referenced entity;
- A \$35.00 check for the filing fee; and
- A pre-paid return envelope to return a filed copy.

Please file the enclosed Dissolution and return a filed copy to me. Please contact me if you have any questions. I can be reached at (800) 706-4741 ext. 108.

Thank you,

Laura Keller
Organizer

Enclosures

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 Department of State:

YENOM MANAGEMENT CORP., INC.

SECOND: The document number of the corporation (if known): P03000126099

THIRD: The file date of the articles of incorporation was: 11/5/2003

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

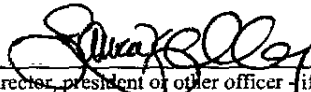
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 11th day of November 2003

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.)

Laura Keller

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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