

PO3000134321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

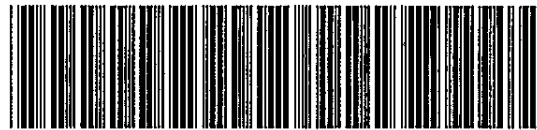
(Business Entity Name)

(Document Number)

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04/30/06

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of S. Corp. for Porcelain Pros Plus, Inc.
Domestic For Profit

DOCUMENT NUMBER: PC3000134321

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

Please return all correspondence concerning this matter to the following:

Rhonda F. Collins
(Name of Contact Person)

PORCELAIN PROS PLUS, INC.
(Firm/Company)

1910 W. BEACH DRIVE
(Address)

Panama City, FL 32401
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda F. Collins at (850) 866-1049
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

4/30/06

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:

Porcelain Pros Plus, Inc.

SECOND: The document number of the corporation (if known): P03000134321

THIRD: The date dissolution was authorized: 04-21-06

Effective date of dissolution if applicable: 04-30-06
(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 of 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 that fiduciary)

Ramela F. Collins

(Typed or printed name of person signing)

SECRETARY / TREASURER

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

06 APR 25 PM 1:50

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Filing Fee: \$35