

P03000151338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

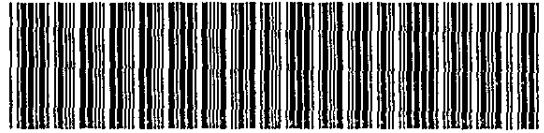
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE
TALLAHASSEE, FLORIDA

05 JUN 27 AM 8:59

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01/27/05--01029--015 **43.75

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**Professional Massage &
Healthy Alternatives, Inc.**

1820 SE Port St. Lucie Boulevard
Port St. Lucie, FL 34952
772-337-1805

January 24, 2005

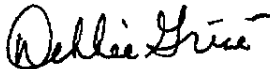
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I called your office, today, and I was told that they could not locate my paperwork, and/or it was not yet filed. I am taking your office's advice and re-filing my dissolution of corporation. Attached is the copy of the original, dated, December 15, 2004, that I sent. Please dissolve this corporation as of December 31, 2004.

Thanks for your help and cooperation. If, by time you receive this second notice, that you have already dissolved this corporation, please send this information, and check, back to me. Again, thanks for your help.

Sincerely,



Deborah Grise
VP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P 03000151338

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

Please return all correspondence concerning this matter to the following:

Deborah Grise

(Name of Person)

Professional Massage + Healthy Alternatives, Inc.

(Name of Firm/Company)

1645 SE Ballantrae Blvd N.

(Address)

Port St. Lucie, FL 34952

(City/State/and Zip Code)

For further information concerning this matter, please call

Debbie Grise

(Name of Person)

at (772) 332-1805

(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, Florida 32314

STREET ADDRESS:

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 Department of State:

Professional Massage & Healthy Alternatives,

SECOND: The document number of the corporation (if known): P030001513

THIRD: The date dissolution was authorized: 12/15/04

Effective date of dissolution if applicable: 12/31/04
(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

~~None~~
(voting group)

Signed this 15 day of December, 2004

Signature.

Deborah Grise, VP
(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.)

Deborah Grise
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: \$35

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CLERK OF THE COURT
TALLAHASSEE FLORIDA