

P03000152904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

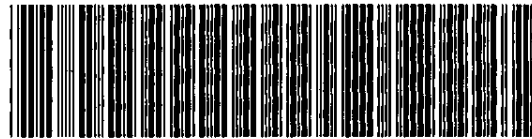
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300185338173

12/20/10--01027--001 **43.75

EFFECTIVE DATE

12-31-2010

2010 DEC 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Diss. w/ Notice

TB

DEC 22 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P03000152904

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

Please return all correspondence concerning this matter to the following:

MAI CU
(Name of Contact Person)

EXCLUSIVELY YOURS HAIR & NAIL DESIGN, INC
(Firm/Company)

1164 Royal Palm Beach Blvd.
(Address)

Royal Palm Beach, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

MAI CU at (561) 798-1782
(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

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:

EXCLUSIVELY YOURS HAIR & NAIL DESIGN, INC

SECOND: The document number of the corporation (if known): P03000152904

THIRD: The date dissolution was authorized: Dec 17, 2010

Effective date of dissolution if applicable: Dec 31, 2010
(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.

EFFECTIVE DATE
12-31-2010

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

MAI CL

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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: EXCLUSIVELY YOURS HAIR & NAIL DESIGN, 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:

CORPORATION WILL DISSOLVE ITSELF ON DECEMBER 31, 2010.

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

IRS
FLORIDA DEPT OF REVENUE
UNEMPLOYMENT TAX
COUNTY OF PALM BEACH

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.

MAICU

Printed Name of the Person Filing



Signature of the Person Filing