

P04000008183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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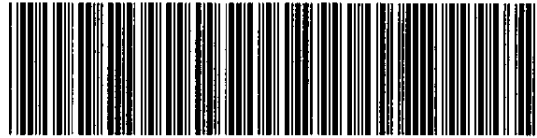
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09 MAY 12 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

RECEIVED  
2009 MAY 11 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** P04000008183

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

Please return all correspondence concerning this matter to the following:

ROSA GAMEZ

(Name of Contact Person)

ROSABEL HAIR DESIGN, INC

(Firm/Company)

804 POTTER STREET EAST

(Address)

LEHIGH ACRES FL 33986

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSA GAMEZ

(Name of Contact Person)

at ( 239 ) 369-3385

(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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ROSABEL HAIR DESIGN, INC

SECOND: The document number of the corporation (if known): P04000008183

THIRD: The file date of the articles of incorporation: 01/05/2004

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: *Adoption of Dissolution (CHECK ONE)*  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:  
OR

☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ROSA GAMEZ

(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ROSABEL HAIR DESIGN, INC

SECOND: The document number of the corporation (if known): P04000008183

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted  
04/30/2009. The number of votes cast by the  
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in  
accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 04/30/2009.

The number of directors in office was 2 and the vote for resolution was  
\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 04/30/2009  
(no more than 90 days after dissolution file date)

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

\_\_\_\_\_  
(Typed or printed name of the person signing)

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**