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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution of Corpora	ition
DOCUMENT NUMBER: P04000017	7544
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Terry M Sheffield	
(Name of (	Contact Person)
Cutting Edge of First Coast, Inc	
(Firm	n/Company)
127 Parkside Av	
(Ac	ddress)
Orange Park, Fl 32065	
	te and Zip Code)
For further information concerning this matt	ter, please call:
Terry M Sheffield	at ( 904 ) 269-9841
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
▼\$35 Filing Fee \$\bigcup\$\$43.75 Filing Fee & [  Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (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:
	Cutting Edge of First Coast, Inc
SECOND:	The document number of the corporation (if known): P0400017544
THIRD:	The date dissolution was authorized: 12/31/06
	Effective date of dissolution <u>if applicable:</u> 12/31/06  (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 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)
	AH 10: 39 SEE, FLORIDGE  4 MA D O AD CLA
	(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)
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35