

P04000040607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

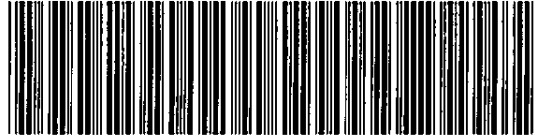
(Business Entity Name)

(Document Number)

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09 SEP 28 PM 1:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

Voldis
Trews
10-1-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIPS & CUTS CORP.

DOCUMENT NUMBER: P04000040607

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

Please return all correspondence concerning this matter to the following:

ANA NIN RAMIREZ

(Name of Contact Person)

TIPS & CUTS CORP.

(Firm/Company)

699 ANDERSON DR

(Address)

DELTONA, FL 32725

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA NIN RAMIREZ

(Name of Contact Person)

at (321) 332-5618

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 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

RECEIVED

2009 SEP -8 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2009

ANA NIN RAMIREZ
TIPS & CUTS CORP.
699 ANDERSON DR
DELTONA, FL 32725

SUBJECT: TIPS & CUTS CORP.
Ref. Number: P04000040607

We have received your document for TIPS & CUTS CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 909A00030744

RECEIVED
2009 SEP 28 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TIPS & CUTS CORP.

SECOND: The document number of the corporation (if known): P04000040607

THIRD: The date dissolution was authorized: 09/01/2009

Effective date of dissolution if applicable: 09/01/2009

(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)

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)

ANA NIN RAMIREZ

(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: TIPS & CUTS CORP.

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:


Name of the person making the claim, address, telephone number,
date of incident, summary of the claim.

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

ANA NIN RAMIREZ
699 ANDERSON DR
DELTONA, FL 32725

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.

ANA NIN RAMIREZ
Printed Name of the Person Filing


Signature of the Person Filing