## P04000048840

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	∍#)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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ECRETARY OF STATE
LLAHASSEE, FLORE

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## **COVER LETTER**

Division of Corporations	
SUBJECT: dissolution of busines	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robin De More (Name of Person)	
(Name of Person)	
Robin DeMore Deslans, Inc. (Name of Firm/Company)	
(Name of Firm/Company)	
245 East 62 nd Street \$2024 (Address)	
New York hy 10021 (City/State/and Zip Code)	
For further information concerning this matter, please call:	
Robin De More at (212) 457-2076	_
(Name of Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	ż
MAILING ADDRESS:  Amendment Section  Amendment Section	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

## 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:
	Robin De More Designs, INC
SECOND:	The document number of the corporation (if known): PO 4000048840
THIRD:	The date dissolution was authorized: March 8, 2005
	Effective date of dissolution if applicable: (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 care 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 groups of the shareholders through voting groups.  The following statement must be separately provided for each voting group of entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Rober De More
	Signed this 29 day of July , 2005.
	O(2/2)
	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)
	Roben De nune 1/25/05
	(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: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00