# P04000055053

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100112755331

12/10/07--01035--001 \*\*25.00

01/07/08--01039--001 \*\*10.00

D/wnotes

FILED

B JAN -7 PH 2: 28

BECRETARY OF STATE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2007

AARON M. SCHLOTT AARON'S TILE CONCEPTS 2259 PALOMA ST NAVARRE, FL 32566

SUBJECT: AARON'S TILE CONCEPTS, INC.

Ref. Number: P04000055053

We have received your document for AARON'S TILE CONCEPTS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 607A00069813

# **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: <u>Aaron's Tile Concept</u>	
DOCUMENT NUMBER: _ P 0 4 000055 05	53
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Susan Schinstine	
(Name of Contact Persons Tile Concepts (Firm/Company)	•
2259 Paloma St	
(Address)  (Address)  (City/State and Zip Co	26
For further information concerning this matter, please ca	
Susan Schinstine at (88) (Name of Contact Person) (A	Starea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S43.75 Filing Fee \$\bigs\tau\$\$ \$\frac{\$43.75}{\$}\$ Filing Fee \$\bigs\tau\$\$ Certificate of Status \$\text{Certified (}{\$}\$ (Additiona enclosed)	l copy is Certified Copy
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:
	Aaron's Tile Concepts, INC.
SECOND:	The document number of the corporation (if known): P0400055383
THIRD:	The date dissolution was authorized:/ Die 07
	Effective date of dissolution if applicable: / Dred 7  (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
	100 %
	(voting group)
S	
	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)
	Susan K Schinstin (Typed or printed name of person signing)
	VP
	(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: /tarons / 1/2 Con Capt
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
All proof of damage that was created
All proof of damage that was created by installation or improper installation
•
•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Aaron's Tile Concepts
2259 Paloma St
Mavarre, PC 32564
<u> </u>
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Susan K Schinstine  Printed Name of the Person Filing  Signature of the Person Filing