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<u>TRANSMITTAL LETTER</u>

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

SUBJECT: DISSOLUTION OF PENSACOLA DIVAS, INC.		
DOCUMENT NUMBER: PO400068509		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
THOM NEWCOMB		
(Name of Person)		
(Name of Firm/Company)		
4570 ISABELLA INGRAM DRIVE		
(Address)		
PENSACOLA FL 32504		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
SCOTT B SANDFORT CPA at (850) 434-5899		
(Name of Person) (Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$35 Filing Fee ☑ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 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:

FIRS1:	PENSAOLA DIVAS, INC.
SECOND:	The document number of the corporation (if known): PO4000068509
THIRD:	The date dissolution was authorized: 12/01/04
	Effective date of dissolution if applicable: 12/01/04 (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 of 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 east for dissolution was sufficient for approval by
	(voting group)
	Signed this 16th day c recember 2004 75 30 0
Signat	(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)
	Thom Newcomb
	(Typed or printed name of person signing)
	Pres
	(Title of person signing)

Filing Fee: \$35