(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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20

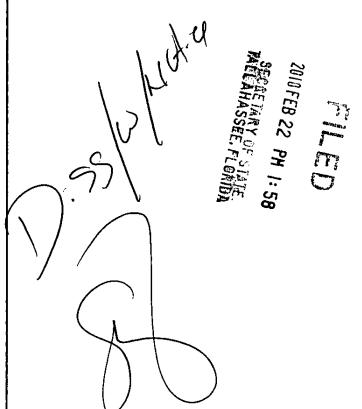
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2.2310



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02/22/10--01009--025 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BEATTICE HENRY PA	
DOCUMENT NUMBER: \$\\\Phi 000081736	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Beatrice Henry (Name of Contact Person)	
. .	
Beatrice Henry P.A.	
16794 Sw 10th st ger. (Address)	
fembroke Pines FL 33027 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Beatrice Henry at (305) 725-7012 (Name of Contact Person) (Area Code & Daytime Telephone Number)	er)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	BEATTICE HENryPA
SECOND:	The document number of the corporation (if known): 1040000 81736
THIRD:	The date dissolution was authorized: 2-16-10
	Effective date of dissolution <u>if applicable</u> : 2-16-10 (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
	pM
	Signature: (voting group) HER 22 PH 1: 58 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) BEATURE HENRY (Typed or printed name of person signing)
	Gresident (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: Beatrie Henry PA 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: 16794 Sw 10th St pembroke fines Fe 33027
Beatrice Henry PA Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 16794 SW 10th St pembroke Pines. Fr 33027 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. BEATRI'CL HENRY Be Signature of the Person Filing

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