

PD4000099387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

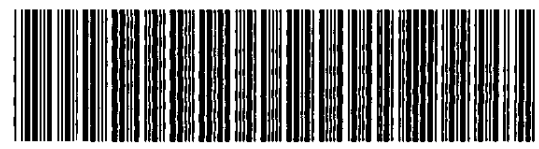
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
11 APR 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fr 4-21-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2011

MARK DEGEN
SPORTS MASSAGE COMPANY
10791 NW STREET #309
PLANTATION, FL 33322

SUBJECT: SPORTS MASSAGE COMPANY
Ref. Number: P04000099387

We have received your document for SPORTS MASSAGE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

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: 411A00008917

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Re submittal of dissolution

RECEIVED

11 APR 26 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: P04000099387

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

Please return all correspondence concerning this matter to the following:

Mark Degen

(Name of Contact Person)

Sports Massage Company

(Firm/Company)

10791 NW 14 Street #309

(Address)

Plantation, Florida 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Degen

(Name of Contact Person)

at (954) 609-4681

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 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

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: Sports Massage Company

SECOND: The document number of the corporation (if known): P04000099387

THIRD: The date dissolution was authorized: July 31, 2010

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 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

Mark Degen

(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)

Mark Degen

(Typed or printed name of person signing)

Mark Degen

(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: Sports Massage Company

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)

Mark Degen

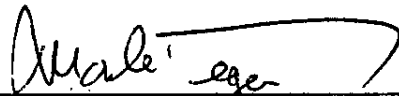
10791 nw 14 Street #309

Plantation FL 33322

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.

Mark Degen

Printed Name of the Person Filing



Signature of the Person Filing

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