

P04000107458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

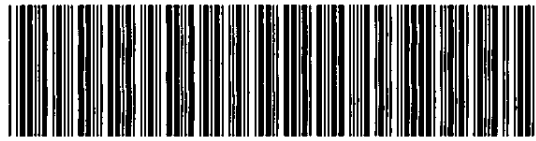
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900109170539

10/04/07--01019--018 **35.00

FILED

07 OCT -4 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Valen. J. [Signature]
W/Notice

10/11/07
DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Casa De Bellezza, Inc.

DOCUMENT NUMBER: P 04000107458

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

Please return all correspondence concerning this matter to the following:

James Barrow ESQ.

(Name of Contact Person)

Tampa Bay Law Group, P.A.

(Firm/Company)

485 Marina Blvd.

(Address)

Spring Hill, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

Marti Albano

(Name of Contact Person)

at (352) 683-1220

(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:

Casa De Bellezza, Inc.

SECOND: The document number of the corporation (if known): P04000107458

THIRD: The date dissolution was authorized: Oct 1, 2007

Effective date of dissolution if applicable: Oct 1, 2007 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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

(voting group)

Signature: Maria Collazo (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)

Maria Collazo (Typed or printed name of person signing)

President and Director (Title of person signing)

FILED 07 OCT -4 AM 11:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: CASA DE BELLEZZA, Inc.

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:

- 1) Name, Address and telephone number of claimant
 - 2) Description of claim to include: date, time, place and brief description of facts in support of claim
-
-

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARIA Collazo
5032 Panther DR.
Spring Hill, FL 34607

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.

Maria Collazo

Printed Name of the Person Filing

Maria Collazo

Signature of the Person Filing