## PO4000114427

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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dissolution With notice

06/27/07--01008--016 \*\*35.00

FILED

2007 JUN 27 AM 8: 28

SECRETARY OF STATE
TALLAHASSEE F STATE

7/2/07

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution of a Corpor	ration
DOCUMENT NUMBER: P04000114	1427
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dee Shaughnessy	•
(Name of C	Contact Person)
Dee Shaughnessy PA	
(Firm	/Company)
4418 SW 1ST Ave	
(Ad	dress)
Cape Coral, Florida 33914	
(City/State	e and Zip Code)
For further information concerning this matt	er, please call:
Dee Shaughnessy	at (_239) 549-0884
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	ıt:
√\$35 Filing Fee   Certificate of Status  Status  Status  Certificate of Status  S	\$43.75 Filing Fee & \$\begin{array}{c}\$
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 of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the form:	illowing 2007.	articles
FIRST:	The name of the corporation as currently filed with the Florida Departments  Dee Shaughnessy PA	ETAGS AND	FILE
SECOND:	The document number of the corporation (if known): P04000114427	8: 2	O
THIRD:	The date dissolution was authorized: 04/01/2007		<del></del>
	Effective date of dissolution if applicable: 04/01/2007  (no more than 90 days after dissolution)	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	olution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	l am the only share holder		
	(voting group)		
;	Signature:		
	(By a director, president of 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)		
	Dee Shaughnessy  (Typed or printed name of person signing)		
	President		
	(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: Dee Shaughnessy 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: I Dee Shaughnessy have dissolved my corporation. I have voluntarily placed my realtors license on inactive status. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Dee Shaughnesy 4418 SW 1ST Ave Cape Coral, FI 33914 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. Dee Shaughnessy Printed Name of the Person Filing

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