

P04000130 752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

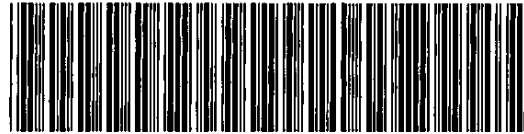
(Business Entity Name)

(Document Number)

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04/27/06--01028--025 \*\*35.00

FILED  
2006 JUN -5 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*dis. w/mr.*

C. Coulllette JUN 05 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** P04000130752

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

Please return all correspondence concerning this matter to the following:

Diana / William Santos.  
(Name of Contact Person)

ALL N POOL INC.  
(Firm/Company)

6360 N. Dixie Hwy  
(Address)

Boca Raton, FL 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Santos at (561) 633-9997  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2006

DIANA/WILLIAM SANTOS  
ALL N' POOL, INC.  
6360 N. DIXIE HWY  
BOCA RATON, FL 33487

SUBJECT: ALL N' POOL, INC.  
Ref. Number: P04000130752

We have received your document for ALL N' POOL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must file articles of dissolution to dissolve your corporation.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 506A00031242

RECEIVED

06 JUN -5 AM 8:00

DIVISION OF CORPORATIONS

## 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:

ALL N' POOL, INC.

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

PO400130752

THIRD: The date dissolution was authorized:

5/23/06

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

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

WILLIAM SANTOS

(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)

WILLIAM SANTOS

(Typed or printed name of person signing)

Officer

(Title of person signing)

FILED  
2006 JUN -5 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: All N' Pool, 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:

My wife and I want the dissolution  
for the All-N. Pool Inc. My name  
is William Santos and my wife's name  
is Diana Santos. Thanks.

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

6590 Sandalwood Blvd  
Boon Rapids Fl. 33428

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.

William Santos  
Printed Name of the Person Filing

William Santos  
Signature of the Person Filing