

P04000133090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

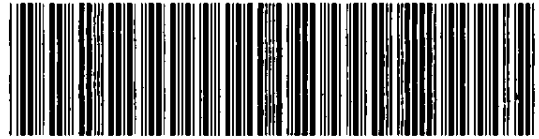
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000158462310

12/29/09--01002--023 **35.00

09 DEC 29 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

VOLDS
REG 1/4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2009

DAVID ROODBEEN
LOST IN WONDERLAND, INC.
7975 GLENBROOKE LANE
SARASOTA, FL 34243

SUBJECT: LOST IN WONDERLAND, INC.
Ref. Number: P04000133090

We have received your document for LOST IN WONDERLAND, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 609A00037065

DEC 28 AM 9:00

SECRETARY OF
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Lost In Wonderland Inc.

DOCUMENT NUMBER: not known

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

Please return all correspondence concerning this matter to the following:

David Roodbeen

(Name of Contact Person)

Lost In Wonderland, Inc.

(Firm/Company)

7975 Glenbrooke Lane

(Address)

Sarasota, FL 34243

(City/State and Zip Code)

For further information concerning this matter, please call:

David Roodbeen

(Name of Contact Person)

at (941) 358-1851

(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:

Lost In Wonderland, Inc.

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

THIRD: The date dissolution was authorized: 11-29-09

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: _____

(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)

David Roodbeen

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
09 DEC 29 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA