

P05000035621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

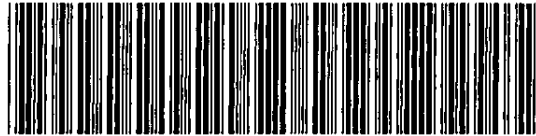
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/07--01018--025 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 MAR 22 PM 12:54

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Diss/notice

March 14, 2007

BEVERLY SORRELLS
ABSOLUTELY PURRFECT, INC.
2114 N FLAMINGO RD #113
PEMBROKE PINES, FL 33028-3501

SUBJECT: ABSOLUTELY PURRFECT, INC.
Ref. Number: P05000035621

We have received your document for ABSOLUTELY PURRFECT, INC. 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 wrong form was submitted to dissolve a profit corporation. Please complete the enclosed form and resubmit for filing.

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) 245-6957.

Pamela Smith
Document Specialist
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314
Letter Number: 107A00017927

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a FL for Profit Corporation

DOCUMENT NUMBER: P05000035421

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

Please return all correspondence concerning this matter to the following:

Beverly Sorrells
(Name of Contact Person)

Absolutely Perfect, Inc
(Firm/Company)

2114 N. Flamingo Rd, #113
(Address)

Pembroke Pines, FL 33028-3501
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverly Sorrells at (954) 436-9514
(Name of Contact Person) (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:

Absolutely Perfect, Inc.

SECOND: The document number of the corporation (if known): P05000035421

THIRD: The date dissolution was authorized: 3/21/07

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)

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Signature: Bawly Sorrells
(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)

Bawly Sorrells
(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: Absolutely Perfect, 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:

Amount owed
reason owed
Contact name and number

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

10814 Limeberry Dr
Cooper City, FL 33026

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.

Beverly Sorrells
Printed Name of the Person Filing

Beverly Sorrells
Signature of the Person Filing

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