# P05000045648

(Requestor's Name)			
(Address)			
(Address)			
(Addiese)			
(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



200065664572

DIVISION OF CORPORATION

06 FEB 13 PM 2:44

02/13/06--01048--002

\*\*\*35.**0** 

Mh. Diss. 2/17/06

### Sylvain Marguerat

200 2<sup>nd</sup>. Avenue South # 253 St. Petersburg, Florida 33701 +1 (727) 385-8650

### Florida Department of State

Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

February 9, 2006

# RE: DISSOLUTION of "Body Mind Center, Inc." # P05000045648

To Whom It May Concern:

You will find enclosed the documentation for dissolution of the corporate:

BODY MIND CENTER, INC.

Register number:

P05000045648

You will find also a check # 1523 from Bank of America for \$35.00 payable to

Florida Department of State

You have on the top of this letter the return address and phone number in case you need to contact me.

Thank you to take care of this mater.

Best Regards,

SvIvain D. Marguerat

Enclosed: Check \$35.00 & Articles of Dissolution

# **COVER LETTER**

1

TO: Amendment Section Division of Corporations			
SUBJECT: Dissolution of Body Mind Center, Inc.			
DOCUMENT NUMBER:			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sylvain MARGUERAT  (Name of Contact Person)			
(Name of Contact Person)			
Re: "Body Mind Center, Inc."			
(Firm/Company)			
200 2nd. Ave. South # 253			
(Address)			
St. Petersburg, FL 3370T (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Sylvain Marguerat at (727) 385 - 8650  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: STREET ADDRESS:			
Amendment Section Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

# 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:		
	BODYMIND CENTER,	INC.	
SECOND:	The document number of the corporation (if known): Po5000 45	5648	
THIRD:	The date dissolution was authorized: December 3, 2005		
	Effective date of dissolution if applicable: December 15, 2 (no more than 90 days after dissolution	<del></del>	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution	
	☐ Dissolution was approved by of 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		
		<u> </u>	
	(voting group)	SEC IVISIC	
		RETAF OF C	
	A A	RY PA	
	Signature:	<b>ා</b> දින	
	(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)	ATTE ATTONS	
	Sylvain Marquerat (Typed or printed name of person signing)		
	• (Typed or printed name of person signing)		
	President	· . <u>-</u>	
	(Title of person signing)		

Filing Fee: \$35