P05000095393

(Re	equestor's Name)	·
(Ac	ldress)	
(Ác	ldress)	
(Cit	ty/State/Zip/Phone	·#) /
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12/15/06--01017--009 **43.75

OF DEC 15 AM 10: 25

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Request for Di	ssolution of Profit Corporation
DOCUMENT NUMBER:	P05000095393
The enclosed Articles of Dissolution an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Adrienr	ne R Masters
(Name	of Contact Person)
The Aesth	netic Appeal, Inc.
	Firm/Company)
`	h Avenue North
	(Address)
St Petersh	urg, Florida 33713
	State and Zip Code)
For further information concerning this r	natter, please call:
Aron B Shaw	at (727) 323-7901
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	&\$43.75 Filing Fee &\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\begin{align*} \begin{align*} \text{\$\delta\$} & \text{\$\delta\$}
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:	
	The Aesthetic Appeal, Inc.	
SECOND:	• • • • • • • • • • • • • • • • • • • •	
THIRD:	The date dissolution was authorized: 11/01/2006	
	Effective date of dissolution if applicable: 12/06/2006 (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	
	All Shareholders	
	(voting group)	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by	11 50 41
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	1545
	Adrienne R Masters	
	(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:	The Aesthetic Appeal, Inc.	
Date of dissolution will l specified in the Articles	e the date the dissolution is filed with the Department of State or as of Dissolution.	
Description of information	on that must be included in a claim:	
Name of Origi	nal Debtor, Date of Initial Purchase or Agreeme	nt,
Complete Acc	ount History, Amount Paid to Date, Remaining	
Balance, Offer	s for Settlement, and Contact Information	
(i.e., Phone N	umber, Fax Number, etc.)	
Atter	aims can be sent: (Claims cannot be sent to the Division of Corporations) tion: Adrienne R Masters Glades Circle	
Larg	o, Florida 33771	
A claim against the abov within 4 years after the fi	e named corporation will be barred unless a proceeding to enforce the claim is comling of this notice.	menced
	ne R Masters days Nas	6 00
Printed	Name of the Person Filing Signature of the Person Filing	

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