P05000105766

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OF APR 28 PM 2: 25

SECRETARY OF STATE
AND ASSET FOR OR OR



COVER LETTER

TO: Amendment Section		
Division of Corporations		
WHOSECOOTIES INC		
SUBJECT: WHOSECOOTIES, INC.		
D05000105	5766	
DOCUMENT NUMBER: P05000105	77.00	
The enclosed Articles of Dissolution and	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
MIMI VAUGHAN		
	Contact Person)	
WHOSECOOTIES, INC.		
	m/Company)	
172 SATINWOOD LANE		
(A	address)	
PALM BEACH GARDENS, FL 33	3410	
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
MIMI VAUGHAN	at (_561) 627-3942	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amou	ınt:	
✓\$35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.5	Filing Fee,
Certificate of Status	4 -	cate of Status &
	`	ed Copy ional copy is
	enclo	
MAILING ADDRESS:	STREET ADD	
Amendment Section	Amendment Se	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		ig e Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits issolution:	the following
FIRST:	The name of the corporation as currently filed with the Florida Departm	ent of State:
	WHOSECOOTIES, INC.	
SECOND:	The document number of the corporation (if known): P05000105766	<u> </u>
THIRD:	The file date the articles of incorporation: 07/29/2005	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been deto the shareholders, if shares were issued.	istributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	06 A SECF
	✓ A majority of the incorporators authorized the dissolution.	PR 28
	A majority of the directors authorized the dissolution.	PM 2: 25 Y OF STATE SEE FLORIDA
Sign	ature: Nain Solution Vaula_ (Byle 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.)	ntoxportation in
	Marion (Mimi) M. Vaughan	
	(Typed or printed name of person signing)	
	President (Title of Person Signing)	
	(zitte of t étoott Distints)	

Filing Fee: \$35