## P05000115835

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Dissolution o	if Corporation
DOCUMENT NUMBER:	·
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Shawna Dean	
(Name of Contact Pe	3aths The
3960 Curtis Blub S	suit 630
Cocoo 7 32027 (City/State and Zip)	Code)
For further information concerning this matter, please	, , , , , , , , , , , , , , , , , , ,
Chame of Contact Person) at (3	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 \\ Certificate of Status Certified (Addition enclose)	nal copy is Certified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:	
	Crown hitchens a Baths Lnc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 9-1-06	
	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.	
	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	ייורני
	The number of votes cast for dissolution was sufficient for approval by	Ċ
	John Dean, Shaho Dean  (voting group)	
	$\mathcal{M}_{\mathcal{O}}$	
	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)	
	(Typed or printed name of person signing)	
	(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: Crown Kitchens of Baths 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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3860 Curtis Blud Suite 630
Coco 7 32527
· · · · · · · · · · · · · · · · · · ·
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.
Shund Dean Printed Name of the Person Filing Signature of the Person Filing