## P05000142242

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW [ MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_ Special Instructions to Filing Officer:





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10/14/10

## **COVER LETTER**

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TO: Amendment Section	· ·
Division of Corporations	•
SUBJECT: Dissolution of	Four PAWS of More MASSage Services, IN
DOCUMENT NUMBER: PO5000	141242
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:
SUSAN Sal (Name of Contact	1Kalay
	,
FULL PAWS & MURE MASSA. (Firm/Cond	ge Seevices INC pany)
14324 Court Ney W. (Address)	DS LN
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Tackson ville Fl (City/State and	32224
(City/State and	Zip Code)
For further information concerning this matter, ple	ease call:
Sus AN SAY Kulay a (Name of Contact Person)	t ( <u>904)</u> <u>278-1908</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	3.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, tified Copy
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

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation as the following anticles
oi aissoiati	SECRETARY OF STATE
FIRST:	TALL'AHASSEE.FLORID/ The name of the corporation as currently filed with the Florida Department of State:
	FOUR PAWS & More Massage Services, INC.
SECOND:	The document number of the corporation (if known): PO5000142242
THIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable:</u> (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)
	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)
	Susan Burn ETT (Typed or printed name of person signing)
	President, (Title of person signing)

Filing Fee: \$35