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SECRETARY OF STATE OIVISION OF CORPORATION

W/Notice 05/25/06

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

	Division of Corporations
	SUBJECT: Dissolution
J	DOCUMENT NUMBER: PO 5000 165782
	The enclosed Articles of Dissolution and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Connie Barrett (Name of Contact Person)
	Connie Barrett Inc. (Firm/Company)
	14120 Faldo. Court
	(Address)
	Hudson, FL 34667
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	Connie Barrett at (727) 863-4637
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
	\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee, Certificate of Status \$\bigcup Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

- Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following

articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): POSOOO 165 782 ∨ SECOND: The file date the articles of incorporation: $\frac{12-2}{-05}$ **\THIRD**: 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 distributed to the shareholders, if shares were issued. **SEVENTH:** Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.)

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: Connie Barrett, Fnc.
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)
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.
Connie Barrett Connie Barrett
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