Po6000/43388

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SECRETARY OF STAIL
TALLAHASSEE, FLORIDA

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TO: Amendment Section

FROM:

COVER LETTER

Division of Corporations
SUBJECT: Dissolution
DOCUMENT NUMBER: PO600143388
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan Rubin
(Name of Contact Person)
Linda Green Laser Hair Removal Inc.
Linda Green Laser Hair Removal Inc. (Firm/Company) 1725 N. University Drive, Ste32. (Address)
Copal Springs FL 33071 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Susan Rubin at (954) 255-2353 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
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

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	07 FEB 27 AM II: 10
Pursuant to articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following TALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Linda Green Laser Hair Removal, Inc.
SECOND:	The document number of the corporation (if known): Polooo 143388
THIRD:	The file date of the articles of incorporation: Nov. 14, 2006
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.
Sign	After a president or other officer if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, printee, or other court appointed fiduciary, by that fiduciary.) Linda Green MD (Typod or printed same of person signing) President
	i rine or t.e. that will will be

Filling Fee: \$35

FROM:

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: Linda Green Laser Hair Removal 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:
Name Address Phone Numbers
Dates of Service etc-NA- as corporation
d'd not commence business.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1725 N. University Prive Suite 325
Suite 325
Coral Springs FL
3307/
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.
Linda Green U.D. White Person Filing Signature of the Person Filing

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