

PO70000013 906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

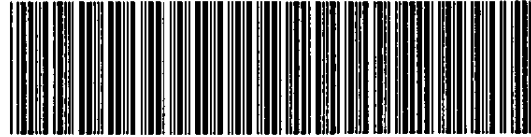
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210221589

07/28/11-01007--014 **35.00

*effective date
7-31-11*

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FILED
11 JUL 28 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 7-27-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Image Maker Plus, Inc.

DOCUMENT NUMBER: P07000013906

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caroline McKeon

(Name of Contact Person)

DreamWeb Office Consultants, Inc.

(Firm/Company)

10106 Courtney Oaks Circle - Unit 203

(Address)

Tampa, FL 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

Caroline McKeon

(Name of Contact Person)

at (813) 988-7772

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & 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

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FIRST: The name of the corporation as currently filed with the Florida Department of State:

(no more than 90 days after dissolution file date)

(voting group)

(Title of person signing)

Filing Fee: \$35

FILED
11 JUL 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: The Image Maker Plus, 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 of Claimant _____

Address of Claimant _____

email of Claimant _____

Copy of Purchase Order and Copy of Invoice _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DreamWeb Office Consultants, Inc.

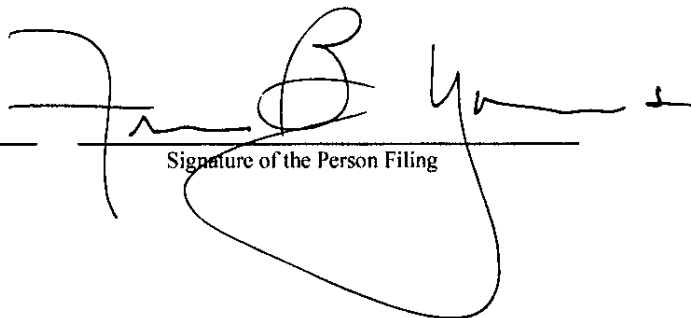
10106 Courtney Oaks Circle #203

Tampa, FL 33619

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.

Frances B. Youmans, President

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