## P07000051054

(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:	
Correctes dorument by telephonicall The 3/19/10	

Office Use Only



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## **COVER LETTER**

TO: Amendment Section	•
Division of Corporations	•
SUBJECT: DSSOLUTION of	Corporation
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Kimberly Royal Kimberly Royal (Firm	Contact Pages)
y wame or	Contact Person)
Kimberly Koyal	n/Company)
13512 Little Gem Cir	
(A	ddress)
FOT Myers, FZ 339 (City/Sta	13 te and Zip Code)
For further information concerning this man	
	noi, piede edit.
(Name of Contact Person)	at (239) <u>33-/558</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	
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\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:			
SECOND:	The document number of the corporation (if known):			
	4 1 10			
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 entitles 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)			
(Typed or printed name 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: 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. Signature of the Person Filing

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