## 10700055445

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	•
SUBJECT: Tara Hills, LMT, Inc.	
DOCUMENT NUMBER: P070000554	45
The enclosed Articles of Dissolution and f	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
TARA HILLS	
(Name of	Contact Person)
(Fire 3813 GULF BLVD, Apt. 3	m/Company)
	.ddress)
ST. PETE BEACH FL 33706	
(City/Sta	ate and Zip Code)
For further information concerning this ma	tter, please call:
Tara Hills (Name of Contact Person)	at (727) 570-7196 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$\infty\$\$ \$43.75 Filing Fee & Certificate of Status	\$\ \text{\$\subseteq} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Additional to the second of th	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

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:
	Tara Hills, LMT, Inc.
SECOND:	The document number of the corporation (if known): P07000055445
THIRD:	The date dissolution was authorized: 1 / 20/2011
	Effective date of dissolution if applicable: 12-30-1/.  (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
	all shareholders which unanimously voted to dissolve
	(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)
	Tara Hills
	(Typed or printed name of person signing)
	President
	(Citty of anyon vicaina)

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: Tara Hills, LMT, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Claimant name and address
Amount of claim
Copy of contract from which claim allegedly arises
·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
TARA HILLS
3813 GULF BLVD, APT. 3
ST. PETE BEACH FL 33706
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.

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

Tara Hills

Printed Name of the Person Filing