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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE ON OF CORPORATIONS

AND 155/CC

COVER LETTER

TO: Amendment Section				
Division of Corporations				
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Nissalation of				
SUBJECT: DI 330 10 / 1011 04	ALLE CENTER-DIBIA			
CHARIZMA FACIAL and NAIL	TOSASTASAIT CONTES			
Elegant LADY FACIAL THAND	2/2			
DOCUMENT NUMBER: P0700036362				
SUBJECT: DISSO V TION OF CHARIZMA FACIAL and NAIL CARE CENTER DIRIA Elegant LAW FACIAL and HAND TREATMENT CENTER DOCUMENT NUMBER: P0700056362 CELT NO 20-8013848934-0 The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to	the following:			
/ 5 0 000				
(Name of Contact Person)				
. (Name of Contact Person))			
(Firm /Commons)				
(Firm/Company)	,			
GIF LAKE ASBURY (Address) Green Cove Specific Code (ity State and Zin Code	DRIVE			
(Address)				
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other Colls DDS 92	- G2043			
(City/State and Zip Code	e)			
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For further information concerning this matter, please call:				
1 > 1 0/2 1	10 1101-2162			
(Name of Contact Person) at (90)	4) 906-2002			
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Enclosed is a check for the following amount.				
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing	ig Fee & \$\sum \$52.50 Filing Fee,			
Certificate of Status Certified Co				
(Additional c				
enclosed)	(Additional copy is			
•	enclosed)			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2009

LINDA C. CLEMONS 916 LAKE ASBURY DRIVE GREEN COVE SPRINGS, FL 32043

SUBJECT: ELEGANT LADY FACIAL AND HAND TREATMENT CENTER, INC.

Ref. Number: P07000056362

We have received your document for ELEGANT LADY FACIAL AND HAND TREATMENT CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 409A00004408

CORFICT FORM ENCLOSED.

MY FILING 1335 SVIN THE FORM.

WAS ORIGINAL SUPPLIFICATIONS.

WHAT OF SINGLE STATE OF S

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	The name of the corporation as currently filed with the Florida Department of State: Affair CHARIZINA FACINE AND WHITE HAND TREATMENT CONFIDENT CO	Z.R
SECOND:	The document number of the corporation (if known): P070000 56362	
THIRD:	The file date of the articles of incorporation: 5-10-2007	
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.	
Signa	ature: Lower C. Colombia (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)	
	Vice Pasident (Title of Person Signing)	

Filing Fee: \$35