## PD10000005883

(Re	equestor's Name)	<del>.</del>
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STAIL OF CORPORATIONS

EFFECTIVE DATE

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: 311. Dissolution Profit Corp			
DOCUMENT NUMBER: <u>P07000065883</u>			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARGARET A. Wood  (Name of Contact Person)			
Pampering Touch INC. (Firm/Company)			
2549 Mulberry Dr. So.			
(/ tdd/05p)			
Clear water, FL 33761 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Margaret A. Wood at (727) 784-6441  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section			
Division of Corporations Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **EFFECTIVE DATE**

## 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:		
	Pampering Touch INC.		
SECOND:	The document number of the corporation (if known): PO 70000	65883	
THIRD:	The date dissolution was authorized:4[1/2011		
	Effective date of dissolution if applicable: (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 it was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	rtitled	
	The number of votes cast for dissolution was sufficient for approval by		
		_	
	(voting group)	SECHETAR BIVISION OF C	
	Signature: Mayare J. Mood.  (By a director, pyeodent or other officer - if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	ORPORATIONS  AMIL: 01	
	MARGARET A. Wood  (Typed or printed name of person signing)		
	PRESIDENT (Title of person signing)		

Filing Fee: \$35