

PO7000088484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

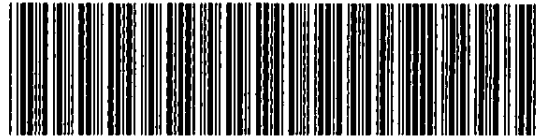
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900141405799

01/20/09--01065--024 **35.00

EFFECTIVE DATE

1-30-09

2009 JAN 20 AM 11: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dissolution w/Notice

TB 1-28-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Skin Deep Salon & Spa, Inc

DOCUMENT NUMBER: P07000088484

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

Please return all correspondence concerning this matter to the following:

MARGIE AponTE

(Name of Contact Person)

SKIN DEEP SALON & SPA, INC

(Firm/Company)

10743 MARCOUSSEE RD #A-9

(Address)

ORLANDO, FLORIDA 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGIE AponTE

(Name of Contact Person)

at (407) 433-2772

(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

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:

SKIN DEEP SALON & SPA, INC.

SECOND: The document number of the corporation (if known): PO7000088484

THIRD: The date dissolution was authorized: 12-15-08

Effective date of dissolution if applicable: 1-30-09
(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.

EFFECTIVE DATE
1-30-09

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

10090
(voting group)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 20 AM 11:09

FILED

Signature: MARJIE APONTE
(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)

MARJIE APONTE
(Typed or printed name of person signing)

CEO & PRESIDENT
(Title 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: SKIN Deep Salon & Spa, 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:

This letter is to confirm that I, Margie Aponte
am the rightful owner of Skin Deep Salon & Spa, Inc.
I have the authority to make business decisions for
the above said business. My company failed in
many areas. Dissolution of this company is the only way to go.

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

2530 Parsons Pond Circle
Kissimmee, Fl. 34743
Phone: 407-433-2772

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.

MARGIE Aponte
Printed Name of the Person Filing

Margie Aponte
Signature of the Person Filing

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