P07000093020

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
(5-0		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE

ZOLO OCT 25 PH 3: 19
SECRÉTARY OF STATE

DISS. W/Notice

TB

OCT 28 2010

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: dissolution of Lullabies	and mudpies, Inc.
DOCUMENT NUMBER: P070000930	020
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning	his matter to the following:
Carla S. Cross	
(Name of Co	ontact Person)
Lullabies and Mudpies, Inc.	
(Firm/	Company)
4812 La Casa Circle	
(Add	dress)
Pace, FI 32571	
(City/State	and Zip Code)
For further information concerning this matter	er, please call:
Carla S. Cross	at (_850) 272-3178
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (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:
	Lullabies & Mudpies, Inc.
SECOND:	The document number of the corporation (if known): P07000093020
THIRD:	The date dissolution was authorized: 8/17/2010
	Effective date of dissolution <u>if applicable</u> : 11/01/2010 (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
	15. 20. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
	(voting group) SECRETAR) ALLAHASSE
	TARY ASSE
	Signature: (By addrector, 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)
	Carla S. Cross
	(Typed or printed name of person signing)
	Vice bresident (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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: Lullabies and Mudpies, 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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4812 La Casa Circle
Pace, FI 32571
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.
Carla S. Cross
Printed Name of the Person Filing Signature of the Person Filing