

P07000095285

(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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400245247674

*less with
notice*

03/01/13--01022--015 **35.00

FILED
2013 MAR -1 PM 3:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

*DR
2/5/13*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILLUSION MANAGEMENT INC

DOCUMENT NUMBER: P07000095285

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

Please return all correspondence concerning this matter to the following:

JAMIE WOMACH

(Name of Contact Person)

ILLUSION MANAGEMENT INC

(Firm/Company)

10551 GLASSBOROUGH DRIVE

(Address)

ORLANDO FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMIE WOMACH

(Name of Contact Person)

at (407) 506-6137

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2013 MAR - 1 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ILLUSION MANAGEMENT, INC.

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

P07000095285

THIRD: The date dissolution was authorized:

12/31/2012

Effective date of dissolution if applicable:

12/31/2012

(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

(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)

JAMIE WOMACH

(Typed or printed name of person signing)

TREASURER

(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: ILLUSION MANAGEMENT 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:

N/A

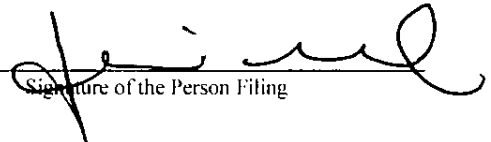
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10551 GLASSBOROUGH DR
ORLANDO FL 32825

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.

JAMIE WOMACH

Printed Name of the Person Filing


Signature of the Person Filing

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