

PO 7000096257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

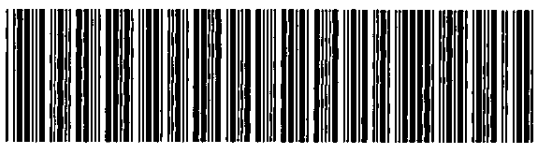
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2007 NOV - 1 PM 5: 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*D.S. / w/ Advice*

*[Signature]*

COVER LETTER

29 OCT 2007

TO: Amendment Section  
DIVISION OF CORPORATIONS

SUBJECT: DISSOLUTION OF "DAYS UNLIMITED  
INC."

DOCUMENT NUMBER: P07000096257

THE ENCLOSED ARTICLES OF DISSOLUTION and  
FEE ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING  
THIS MATTER TO THE FOLLOWING:

BARBARA C. TUNE  
21 MORNING STAR DR.  
ORMOND BEACH, FL  
32176

OR PLEASE CALL BARBARA C. TUNE  
386.679.8520

ENCLOSED IS ~~THE~~ A CHECK FOR THE FOLLOWING  
AMOUNT: \$ 35 FILING FEE

# ARTICLES OF DISSOLUTION

PAGE 1 OF 2

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  
DAYS UNLIMITED, INC.

SECOND: THE DOCUMENT NUMBER OF THE CORPORATION  
P07000096257

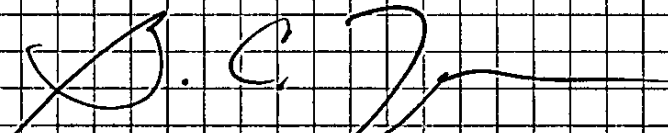
THIRD: THE FILE DATE OF THE ARTICLES OF  
INCORPORATION:  
28 AUGUST 2007

FOURTH:  NONE OF THE CORPORATION'S SHARES  
HAVE BEEN ISSUED.

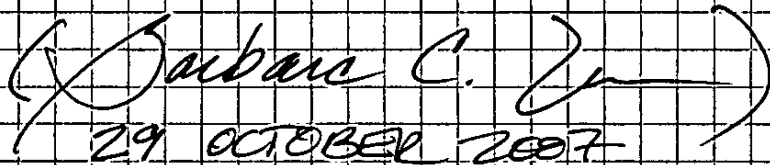
FIFTH: NO DEBT OF THE CORPORATION REMAINS  
UNPAID.

SIXTH: (N/A) THE NET ASSETS OF THE CORPORATION  
REMAINING AFTER WINDING UP HAVE BEEN  
DISTRIBUTED TO THE SHAREHOLDERS, IF SHARES  
WERE ISSUED.

SEVENTH: ADOPTION OF DISSOLUTION  
~~SEVENTH~~: A MAJORITY OF THE INCORPORATORS AUTHORIZE  
THE DISSOLUTION. *B.C. 2*

Signature: 

BARBARA C. TUNE  
PRESIDENT

  
29 OCTOBER 2007

# NOTICE OF CORPORATE DISSOLUTION

PAGE 1 OF  
29 OCT 07

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: DAYS UNLIMITED, 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:

DATE(S) PURSUANT TO CLAIM.

Nature of the claim.

SERVICES OR GOODS PROVIDED THAT SUBSTANTIATE THE CLAIM.

Name of the entity making the claim.

Name of a contact person for the claim.

Telephone number of contact.

Mailing address of contact.

- MAILING ADDRESS WHERE CLAIMS CAN BE SENT:

BARBARA C. TUNE  
21 MORNING STAR DR.  
ORMOND BEACH, FL  
32176

- A CLAIM AGAINST THE ABOVE NAMED CORP. WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN 4 YEARS AFTER FILING OF THIS NOTICE.

BARBARA C. TUNE - R. L. HARRIS A. P.