P07000109085

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
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OR JUL IL PHEZIZI PALLARASSEE, FLORIDA

T. Roberts JUL 15.2009

COVER LETTER

•	TO: Amendment Section Division of Corporations	
	SUBJECT: <u>Pul-V-Knead</u> - Dissolve temporary	
	DOCUMENT NUMBER: 27700010 9085	
	The enclosed Articles of Dissolution and fee are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Name of Contact Person)	
(Firm/Company)		
(Firm/Company)		
	3340 NMPPZ+	
	(Address)	
	Fortlanderdale FL 33309	
	(City/Štate and Zip Code)	
	For further information concerning this matter, please call:	
	(Name of Contact Person) at (954) 935-1316 (Area Code & Daytime Telephone Number)	
	(Name of Contact Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
(\$\\$5 \text{Filing Fee } \$\bigsquare \\$43.75 \text{ Filing Fee & } \$\bigsquare \\$43.75 \text{ Filing Fee & } \$\bigsquare \\$52.50 \text{ Filing Fee, } \$\text{Certificate of Status & } \$\text{Certified Copy } \$Certified	
	MAILING ADDRESS: STREET ADDRESS:	
	Amendment Section Amendment Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

Pairsuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles TALLARASSEE, FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Aul-12-Knead Inc.	
SECOND:	The document number of the corporation (if known): POTODIOGOS	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
b.c.	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)	
	Lynda Ayletta	
	(Typed or printed name of person signing) PRET MA DWW R	
	(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: AUI-U-Kneed Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
- Business was Never started.
- hicenses were the never simpletely
Siled to hegy
- Owner has become the and conrot
move soward 9/ this time:
- Owner made Surgery and a also Financially stuck
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3360 NW bb St
Fort Lavderdale FC
33309

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.

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