807000112288

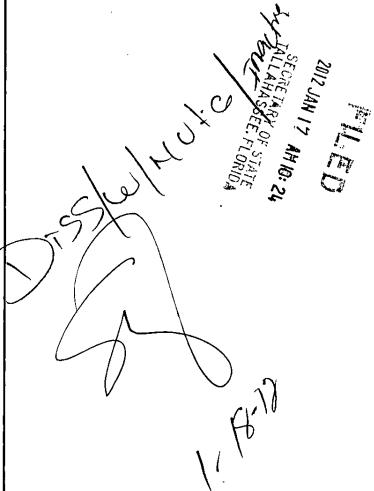
(Requestor's Name) (Address)	9002
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/1
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	17/1

Office Use Only



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01/17/12--01060--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Cookima	an of nature Coast	
DOCUMENT NUMBER: P0700011	2288	
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Scott Hoffman		
(Name of Contact Person)		
Cookiman of the Nature Coast Inc		
(Firm/Company)		
4760 N baywood Dr		
(Address)		
Beverly Hills, FL 34465		
(City/Sta	te and Zip Code)	
For further information concerning this mat	tter, please call:	
Michelle Cline	at (352) 249-7282\$	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
▼\$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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:	
	Cookiman of the NatureCoast, Inc		
SECOND:	The document number of the corporation (if known): P07000112288		
THIRD:	The date dissolution was authorized: 10/11/2077		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
•	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	2012 JAN GECKETA HALLAHAS	
	The number of votes cast for dissolution was sufficient for approval by	IAN 17 ETAR) HASSI	ogenerii.
	1	OF S	F
	(voting group)	AM IO: 24 OF STATE FLORIDA	التبيينا
	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)		
	Scott Hoffman		
	(Typed or printed name of person signing)		
	President - Owner		
	(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: Cookiman of the Nature Coast, 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:
No business - cannot make payments dissolved by state for failure to process
annual report - which WAS fled, but claim they did not recieve cannot
afford payroll much less outrageous re=instatement fee no choice
but to dissolve so much for small businesses in Florida
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4760 N Baywood Dr
Beverly Hills, FI 34465
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.
Scott Hoffman

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

Signature of the Person Filing

Printed Name of the Person Filing