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SECRETARY OF STATE ALLAHASSEE, FLORIO,

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ASP 09

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: POS 0000	11352
The enclosed Articles of Dissolution and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	to the following:
Coco Caplan (Name of Contact Person	on)
Cosmetic Surgery (Firm/Company)	Consulting Inc
Cosmetic Surgery (Firm/Company) 4145 Cypress Ry (Address) Compano Beach, Free (City/State and Zip Compano)	2L. 33069
For further information concerning this matter, please ca	•
(Name of Contact Person) at (4)	184) 895 - 7344 Trea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee 43.75 Filing Fee \$\bigcup \\$43.75 Filing Fe	Copy Certificate of Status & Certified Copy
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

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ARTICLES OF DISSOLUTION

2009 MAR 30 PM 3: 42

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation statutes selection:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Cometic Surgery Consulting Inc
SECOND:	The document number of the corporation (if known): Posoooo 11352
THIRD:	The file date of the articles of incorporation: (See 31. 2008
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	7. A majority of the directors authorized the dissolution.
Sign	nature: Octo Caplus
	(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.)
	Con Conlan
	(Typed or printed name of person signing)
	(Title of Person Signing)
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Filing Fee: \$35