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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TAFT MASSAGE AND THERAPY CENTER, INC.				
DOCUMENT NUMBER: P08000082	466			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning	this matter to the following:			
ZUREY MARTIN				
(Name of Contact Person)				
(Firm/Company)				
13444 S.W. 22 TERRACE				
(Address)				
MIAMI, FLORIDA 33175				
	e and Zip Code)			
For further information concerning this matte	er, please call:			
ZUREY MARTIN	at (_407) _271-6016			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amoun	t:			
✓\$35 Filing Fee ☐\$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (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:	ST: The name of the corporation as currently filed with the Florida Department			
	TAFT MASSAGE AND THERAPY CENTER, INC.			
SECOND:	The document number of the corporation (if known): P08000082466			
ΓHIRD:	The date dissolution was authorized: 04/01/2011			
	Effective date of dissolution <u>if applicable:</u> 04/01/2011 (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 cast was sufficient for approval.	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:			
	The number of votes cast for dissolution was sufficient for approval by	ML 25 PM 3: 17		
	(voting group)	STATE STATE STATE		
	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)			
	ZUREY MARTIN			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			

Filing Fee: \$35