## P09000046715

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

Office Use Only



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04/20/11--01025--028 \*\*52.50

FILED

11 APR 20 PM 4: 09

SECRETARY OF STATE
SHARASSEE FLORID

Diss Voldis Whotier Theurs 4-22-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Business Closing About I	FaceCream Inc
DOCUMENT NUMBER: P09000046715	5
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Leland Albert Jr	
(Name of Contact	Person)
About Face Cream Inc	
(Firm/Compa	any)
2217 Wilton Dr (Address)	
Wilton Manors, FI 33305 (City/State and Z	ip Code)
For further information concerning this matter, plea	•
Leland Albert Jr at	954 376-1203
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\int \\$52.50 \text{Filing Fee,} \\ fied Copy \text{Certificate of Status & }\text{Certified Copy} \\ osed) \text{(Additional copy is enclosed)}
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

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	f State:	
	About Face Cream, Inc.	<del>**</del>	
SECOND:	The document number of the corporation (if known): P0900046715	<u>;</u>	
THIRD:	The file date of the articles of incorporation: May 28, 2009		
FOURTH:	(CHECK AT LEAST ONE BOX)	TAL SE	<u></u>
	None of the corporation's shares have been issued.	CRETA	<b>APR 20</b>
	The corporation has not commenced business.	RY OF	0 PH
FIFTH:	No debt of the corporation remains unpaid.	STAT	<b>փ։</b> 09
SIXTH:	The net assets of the corporation remaining after winding up have been distrib to the shareholders, if shares were issued.	uted	9
SEVENTH	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	nature:		
	(By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator - if	
	Leland Albert Jr		
	(Typed or printed name of person signing)		
	President		
	(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: About Face Cream, 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:

Out of Business/Business Closed

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1689 NW 36 CT

Oakland Park FL 33309

Leland S Albert Jr

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced