## P10000002257

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PICK-UP WAIT MAIL			
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C.COULLIETTE

MAR 11 2011

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section

Tallahassee, FL 32314

Division of Corporations
subject: Dissolution of Daisies and Daydreams, Inc.
DOCUMENT NUMBER: P1000002257
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Ventrieri (Name of Contact Person)
Daisies and Daydreams, Inc.
(Firm/Company)
5094 Spring ROCK Ter NE (Address)
Roswell GA 30075
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 926-2855  (Name Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$52.50 Filing Fee,}\$}\$  Certificate of Status & Certificate of Status & Certified Copy & Certified Co
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building

Clifton Building 2661 Executive Center Circle

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## 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:		
	Daisies and Daydreams, Inc.		
SECOND:	The document number of the corporation (if known): Plocoopies 7		
THIRD:	The date dissolution was authorized: $\frac{3}{7}$	<del>/</del>	
	Effective date of dissolution if applicable: YMME dictely (no more than 90 days after dissolution fi	3/7/11 le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	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 ent to vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by		
	Christina Ventrieri	MEDICAL STATES	
	(voting group)	A G	
	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)	AM 10: 56	
	Christina Ventrieri (Typed or printed name of person signing)		
	President / Incorporator		

Filing Fee: \$35

(Title of person signing)

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