

Division of Corporations

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P10000014763

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JOHN M WICKER PA
Account Number : T20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280**DISSOLUTION OR WITHDRAWAL
PAMLYN BEAUTY SUPPLY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

14 JAN -7 AM 8:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32394

14 JAN -7 PM 2:14

FILED

FD Diss/WR
1-8 em

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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:

PAMLYN BEAUTY SUPPLY, INC.

SECOND: The document number of the corporation (if known): P10000014763

THIRD: The date dissolution was authorized: 12/06/2013

Effective date of dissolution if applicable: N/A

(no more than 90 days after dissolution file 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 entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

LYNETTE K. BELMAR

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

Filing Fee: \$35

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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: PAMLYN BEAUTY SUPPLY, 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:

NAME OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL
AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE
TO CONTRACT, IF APPLICABLE.

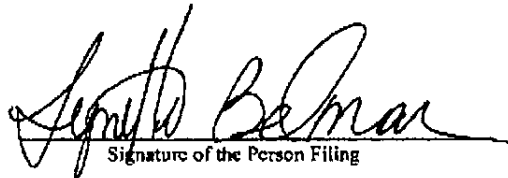
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PAMLYN CLAIMS
4316 LEE BLVD, UNIT 10
LEHIGH ACRES, FL 33971

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.

LYNETTE BELMAR

Printed Name of the Person Filing


Signature of the Person Filing

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

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