1000035268

(Requestor's Name) (Address)	700193912377
(Address)	700193912377
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	02/11/1101022019 **43.75
(Business Entity Name)	
(Document Number)	
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2-14-11

COVER LETTER

Tallahassee, FL 32314

TO: Amendment Sec Division of Corp			
SUBJECT: ARTICLES OF	DISSOLUTION		
DOCUMENT NUMBER:	P10000035268		
The enclosed Articles of D	issolution and fee ar	re submitted for filing.	
Please return all correspon	dence concerning this	s matter to the following	:
ANNETTE LEMIEUX	(Name of Contact Pe	areon)	
	(Name of Contact Fe	519011)	
SERVICES 4 U INC.			
	(Firm/Company	·)	
82 CHESTNUT DR			
	(Address)		
SAFETY HARBOR, FL 34695	(City/State and Zip 0	Code)	
For further information cond		,	
ANNETTE LEMIEUX	at (72	27) 743-2426	
(Name of Contact		rea Code & Daytime To	elephone Number)
Enclosed is a check for the	following amount:		
\$35 Filing Fee X \$43. Certi	ficate of Status C	ertified Copy Additional copy is	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporation P.O. Box 6327	•		nt Section Corporations

2661 Executive Center Circle Tallahassee, FL 32301

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 State:
	SERVICES 4 U INC.
SECOND:	The document number of the corporation (if known): P10000035268
THIRD:	The file date of the articles of incorporation: 4/22/2010
FOURTH:	(CHECK AT LEAST ONE BOX)
	X 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)
	X A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signatu	re: (By a director, president or other officer - it 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.) ANNETTE LEMIEUX (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)
	(rime or reson eighnig)

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: SERVICES 4 U 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: NONE Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) NONE 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. ANNETTE LEMIEUX Printed Name of the Person Filing Signature of the Person Filing