P11000048473

(Re	equestor's Name)	
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SECRETARY OF STATE

MAR 2 0 2015 C. CARROTHERS

DAVID LANIGAN, P.A.

Attorney & Counselor at Law 15310 Amberly Drive, Suite 250 Tampa, Florida 33647 Phone (813) 983-0655

David C. Lanigan, J.D., LL.M.

E-mail: Dave@LaniganLaw.com Website: http://www.LaniganLaw.com

March 18, 2015

Fax (813) 983-0665

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: DISSOLUTION OF SALON ATHENA HAIR DESIGN, INC.

DOCUMENT NUMBER: P11000048473

Dear Sir / Madam:

Enclosed are the following items to dissolve the above referenced corporation:

- 1. Articles of Dissolution;
- 2. Notice of Corporate Dissolution: and,
- 3. Check # 2356 in the amount of \$35.00 to cover the dissolution fee.

Should you have any questions or require additional documentation, please call our office.

Sincerely,

DAVID LANIGAN, P.A.

Michelle Rees, Legal Assistant

ARTICLES OF DISSOLUTION BY BOARD OF DIRECTORS AND SHAREHOLDERS

Pursuant to Section 607.1403, of the Florida Statutes, this corporation submits the following *Articles of Dissolution*:

- 1.. The name of the corporation is Salon Athena Hair Design, Inc.
- 2.. The date of incorporation of the corporation May 20, 2011.
- 3.. The date the dissolution was authorized is March 9, 2015.
- 4.. The dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- 5.. These articles will be effective on filing

SALON ATHENA HAIR DESIGN, INC.

Date: 3/09/15

Barbara Schlappig, President

FILL EN

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 Salon Athena Hair Design, 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:

The nature and amount of the claim, the identity and contact information pertaining to the person or entity ostensibly possessing the claim, the date when the claim accrued, and a copy of the document, if any, upon which the claim is based..

The mailing address where claims can be sent is 17967 Villa Creek Drive, Tampa, Florida 33647.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Barbara Schlappis Bowa Schlappi 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