

P110000079550

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DISSOLUTION OF CORPORATION**

DOCUMENT NUMBER: **P11000079550**

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J POGGIO

(Name of Contact Person)

LIVEFLIRTIN INC

(Firm/Company)

9832 NORTH MILITARY TRAIL

(Address)

PALM BEACH GARDENS, FLORIDA 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

BOB POGGIO

(Name of Contact Person)

at **(561) 630-4927**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

ROBERT J. POGGIO
LIVEFLIRTIN INC
9832 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

SUBJECT: LIVEFLIRTIN INC.
Ref. Number: P11000079550

We have received your document for LIVEFLIRTIN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00004794

RECEIVED
14 MAR 14 PM 2:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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:

LIVEFLIRTIN INC

SECOND: The document number of the corporation (if known): **P11000079550**

THIRD: The date dissolution was authorized: **1/1 2014**

Effective date of dissolution if applicable: **2/26/2014**
(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

ROBERT POGGIO

(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)

ROBERT J POGGIO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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