P14000047175

(Re	questor's Name)	
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(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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MAY 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOlution of Corporation.
DOCUMENT NUMBER: P14 0000 47175
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADRIENNE GROVES (Name of Contact Person)
Dreadlock and Weave dr Inc
7900 NW 27th Avenue - Slup F6, (This is The old address) (Address) ho longer there
City/State and Zip Code)
For further information concerning this matter, please call:
ADRIENNE GROVES at (786) 597 988 7 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$35 Filing Fee \$\top \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to sarticles of di	Ti Ti
FIRST:	The name of the corporation as currently filed with the Florida Department of States The Dreadlock and Weave dr TWC
SECOND:	The document number of the corporation (if known): 4586236 (Business Benther
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	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)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.) ADRIENNE GROVES (Typed or printed name of person signing)
	(Title of Person Signing)

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: <u>Dreadlock and Weave Dr Inc</u>

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:

Nolonger want the corporation

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

N. Manis Beach, pc 33160

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.

ADRIENNE GROVES

Printed Name of the Person Filing

A. Groves

Signature of the Person Filing

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