# P17000094855

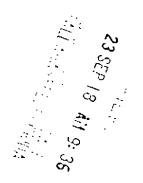
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HC 7, 1 <u>-</u>
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09/18/23--01020--009 ++35.00



# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Almond Tree S	pa Inc.	
DOCUMENT NUMBER: P17000094855		
The enclosed Articles of Revocation of Dissolu	ution and fee are submitte	d for filing.
Please return all correspondence concerning the	is matter to the following:	
Elizabeth J Hargis		
Name o	f Contact Person	
Almond Tree Spa Inc.		
Fin	n/Company	
2040 Winter Springs Blvd.		
	Address	
Oviedo, Fl. 32765		
City/Sta	te and Zip Code	
lizhargis@gmail.com		
E-mail address: (to be used	for future annual report notific	cation)
For further information concerning this matter,	please call:	
Elizabeth J Hargis	407 341-79 At ( )	922
Name of Contact Person		ime 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is:  Almond Tree Spa Inc.
SECOND:	The document number of the corporation (if known) is P17000094855
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	The Revocation of Dissolution was authorized on $\frac{3/23}{}$
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>The board of directors/incorporation revoked the dissolution.</li> <li>The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.</li> </ul>
SIXTH:	A copy of the Articles of Dissolution is attached.
	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)
	Elizabeth J. Hargis (Typed or printed name of person signing)
	President/Owne.v  (Title of person signing)

**FILING FEE \$35** 

# May 22, 2023 Secretary of State

#### ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ALMOND TREE SPAINC.

SECOND: The document number of the corporation: P17000094855

THIRD: The date dissolution was authorized: May 22, 2023

Effective date of dissolution: May 22, 2023

Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation. FOURTH:

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ELIZABETH J HARGIS **OWNER** 

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

#### FILED May 22, 2023 Secretary of State

### **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.

Name of Corporation:

ALMOND TREE SPAINC.

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:

ALMOND TREE SPAINC. DISSOLUTION 5/22/2023

Mailing address where claims can be sent:

2044 COURTYARD LOOP APT. 108 SANFORD, FL 32771 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ELIZABETH J HARGIS

Electronic Signature of the Person Filing