P2/00031078

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
001,

Office Use Only



900374815969

2021 NOY 15 PH 3: 4

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 PRELL SHOWERS INC.	it of S	tate;		
SECOND:	The document number of the corporation (if known):P21000031078				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.	ion file or	date) i, this	date will	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
	and thereta of file of polation.				
	<u>.</u>		2021 NOV 15	.Tj	
			7	FILED	
			91 છે.		
Si	gnature:X A A A A A A A A A A A A A A A A A A A				
	(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)				
G	ILLES GAGNON				
_	(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: PRELL SHOWERS INC.	
The above named corporation is the subject of dissolution and the effective date of a dissolution	ution is:
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
This entity was created without my knowledge or consent.	
	3
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of	Comporation C
HINSHAW & CULBERTSON LLP, ONE EAST BROWARD BLVD., SUITE 1010, FORT LAUDI	ERDALE, FE
A claim against the above named corporation will be barred unless a proceeding to enforce to within 4 years after the filing of this notice.	he claim is commenced
	<i>/</i>]
GILLES GAGNON TO THE STATE OF T	5
Printed Name of the Person Filing Signature of the Pe	resor Filing

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