## P93000083562

| (Re                     | equestor's Name   | )            |
|-------------------------|-------------------|--------------|
| (Ad                     | ldress)           |              |
| (Ad                     | ldress)           |              |
| (Cit                    | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | WAIT              | MAIL         |
| (Bu                     | usiness Entity Na | ame)         |
| (Do                     | ocument Number    | r)           |
| Certified Copies        | _ Certificate     | es of Status |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |





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SECRETARY OF STATE
AND ASSEE, FLORID

C.COULLIETTE

APR 03 2009

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

| Division of Corporations                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DISSOLUTION OF PROF. CORP.                                                                                                                          |
| DOCUMENT NUMBER: P 93 0000 83 56 2                                                                                                                           |
| The enclosed Articles of Dissolution and fee are submitted for filing.                                                                                       |
| Please return all correspondence concerning this matter to the following:                                                                                    |
| JOANNE-BOMINITANNI (Name of Contact Person)                                                                                                                  |
| BRUND'S SALONINC.                                                                                                                                            |
| 2909 S. O CEAN BLUB APT SA                                                                                                                                   |
| HIGHLAND BEACH FL 33487-1820                                                                                                                                 |
| (City/State and Zip Code)                                                                                                                                    |
| For further information concerning this matter, please call:                                                                                                 |
| BRUN DOMINITANNI at (561) 213-2100- (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                          |
| Enclosed is a check for the following amount:                                                                                                                |
| \$\sqrt{2}\$ \$\\$35\$ Filing Fee \times \text{Certificate of Status} \text{\$\frac{1}{2}\$}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ |
| MAILING ADDRESS: STREET ADDRESS:                                                                                                                             |

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECOND: | The document number of the corporation (if known): P 93 9000 83 56 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| THIRD:  | The date dissolution was authorized: MARCH 16 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | Effective date of dissolution if applicable: (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 of 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | 2- PRESIDENT - VICE PRESIDENT - WILLIAM PROPERTY - PROP |
|         | PHI2: 12  E.FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         | JOANK DOMINIJANN, (Typed or printed name of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | (Typed or printed name of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | (Title of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | / F OO/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Filing Fee: \$35