P96000026562

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(RE	questors Name)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Ďo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED

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SECRET STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of T	he Rosemery Rubbit, Inc
DOCUMENT NUMBER: P96000	26562
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Priscilla Stowe	
(Name of Contact P	erson)
\circ /a	
(Firm/Compar	ıy)
1391 Harbor Dr (Address)	
(Address)	
Sozsotz, FL	34239
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
Priscille Stave at (941 3(do-6) 8 (Area Code & Daytime Telephone Number)
`	(Alea Code de Daytinie Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & \$\sum \\$52.50 \text{ Filing Fee,} \\ ed Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The Rosemay Rubbit Inc.
SECOND:	The document number of the corporation (if known): P9600006562
THIRD:	The date dissolution was authorized: 3.1.206
	Effective date of dissolution if applicable:
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 group ☐ 6
	The following statement must be separately provided for each voting group titles to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(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) (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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . Description of information that must be included in a claim:	
Description of information that must be included in a claim:	
Description of information that must be informed in a commi	
? There are no claims.	
	— —
	<u></u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Priscille Stone	
1391 Harbor Drive	
Scresota, Fl 34239	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commer within 4 years after the filing of this notice.	ncec
within 4 years after the fining of this notice.	
Printed Name of the Person Filling Signature of the Person Filling	