

P97000095021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

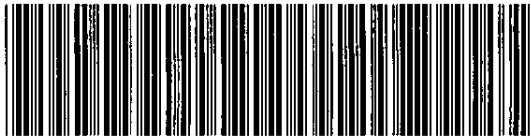
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200158453142

02/24/10--01010--006 **43.75

FILED
10 FEB 19 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

board with notice
Feb 24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAIR Concept 2000 Inc

DOCUMENT NUMBER: P97000095021

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Magda del Valle
(Name of Contact Person)
Hair Concept 2000 Inc
(Firm/Company)
30065 SW 143 St
(Address)
Homestead FL 33003
(City/State and Zip Code)

For further information concerning this matter, please call:

Magda del Valle at (305) 245-0763
(Name of Contact Person) (Area Code & Daytime 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAGDA DEL VALLE
HAIR CONCEPT 2000 INC
698 N. HOMESTEAD BLVD. #106
HOMESTEAD, FL 33030
(305) 248-2737**

Document # P97000095021

Dept. of cancellation corporation.

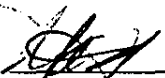
NOTICE OF CLOSING OF BUSINESS

I, Magda del Valle, owner of the above Beauty Salon, hereby request from your entity to cancel my document number at the above mentioned business due to the fact that I will be closing as of the 31 day of January, 2010 and I will not need your services any longer. Signed original request will follow by mail.

30065 SW 143 Ct., Homestead, Fl 33033
Tel. (305) 245-0763

I will really appreciate your attention to this matter.

Respectfully yours,



MAGDA DEL VALLE
President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2010

MAGDA DEL VALLE
HAIR CONCEPT 2000 INC.
30065 SW 143 CT.
HOMESTEAD, FL 33033

SUBJECT: HAIR CONCEPT 2000 INC.
Ref. Number: P97000095021

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 610A00002921

RECEIVED
2010 FEB 19 AM 8:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

Hair Onesh Road Inc

SECOND: The document number of the corporation (if known): PM000095021

THIRD: The date dissolution was authorized: 2-11-10

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 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

Magda del Valle
(voting group)

Signature: [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)

Magda del Valle
(Typed or printed name of person signing)

President
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Her Concept 2008 Inc

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:

*I want to close this
entity*

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

*30065 DW 143 Ct
Homestead FL 33033*

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.

Miguel del Valle

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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