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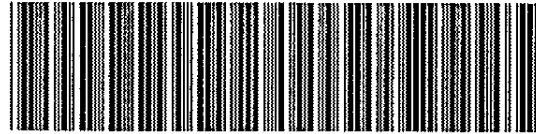
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHH
VOL 015

SHERYL ANNE CAMMENGAS MASSAGE THERAPY INC.
4803 BUCHANAN DRIVE
FORT PIERCE, FLORIDA 34982-7109
772 971-8890

SEPTEMBER 25, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: ABOVE NAMED CORPORATION.

ON THIS DATE THE SHAREHOLDER, SHERYL ANNE CAMMENGAS,
AUTHORIZED THE DISSOLUTION OF THE CORPORATION. ARTICLES OF
DISSOLUTION ARE ATTACHED.

A CHECK IN THE AMOUNT OF \$52.50 MADE PAYABLE TO THE DEPARTMENT
OF STATE FOR THE FEE AND CERTIFIED COPY IS SUBMITTED HEREWITH.

A handwritten signature in cursive script, reading "Sheryl Anne Cammenga".

SHERYL ANNE CAMMENGAS
PRESIDENT.

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: SHERYL ANNE CAMMENG MASSAGE THERAPY INC.

SECOND: The date dissolution was authorized: SEPTEMBER 25, 2006

THIRD: 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 vote 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 _____ (voting group).

Signed this 25TH day of SEPTEMBER, 2006

SHERYL ANNE CAMMENG MASSAGE THERAPY INC.

(Corporation Name)

By *Sheryl Anne Cammenga*
(Chairman or Vice Chairman of the Board, President, or other officer)

SHERYL ANNE CAMMENG

(Typed or printed name)

PRESIDENT

(Title)

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