## P99000091040

| <del></del>             |                           |                                       |
|-------------------------|---------------------------|---------------------------------------|
| (Re                     | equestor's Name)          | · · · · · · · · · · · · · · · · · · · |
| (Ad                     | dress)                    |                                       |
|                         | dress)                    |                                       |
| (Au                     | uress)                    |                                       |
| (Cit                    | y/State/Zip/Phone         | » #)                                  |
| PICK-UP                 | ☐ WAIT                    | MAIL                                  |
| (Bu                     | sin <b>ess</b> Entity Nan | ne)                                   |
|                         | cument Number)            |                                       |
| (50                     | cament Namber)            |                                       |
| Certified Copies        | _ Certificates            | of Status                             |
| Special Instructions to | Filing Officer:           |                                       |
|                         |                           |                                       |
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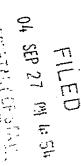
Office Use Only



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## TRANSMITTAL LETTER

| · · · · · · · · · · · · · · · · · · ·  |           |
|--|-----------|
| TO: Amendment Section  |           |
| Division of Corporations   |           |
|  |           |
| A A Company of the state of the |           |
| SUBJECT: ALL AROUND PET CANE INC   |           |
| SUBJECT: /ILL /TROUND / ET JAKE INC  |           |
|  |           |
|  |           |
| DOCUMENT NUMBER: <u>799000091040</u>   |           |
|  |           |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |           |
|  |           |
| Please return all correspondence concerning this matter to the following:  |           |
|  |           |
|  |           |
| DUSAN J. COEIGER"  |           |
| (Name of Person)   |           |
| (Ivanie of reison)   |           |
| ) Emma   |           |
| SEMINOCE STECOUNTARTS  |           |
| (Name of Firm/Company)   |           |
|  |           |
| 9996 Seminole Blud<br>(Address)  Seminole FL 33777  (City/State/and Zip Code)  |           |
| (Address)  |           |
|  |           |
| 10 min a/a F/ 133777   |           |
| (Cit / Otto - (or 1.7); Co. 1.)  |           |
| (City/State/and Zip Code)  |           |
|  |           |
| For further information concerning this matter, please call:   |           |
|  |           |
|  |           |
| JUSIN ). (#16FR at (727) 392-2,20  |           |
| (Name of Person) at (727) 392-2,26 (Area Code & Daytime Telephone Number   | –<br>cer) |
|  |           |
| Enclosed is a check for the following amount:  |           |
|  |           |
| \$35 Filing Fee \$\square\$ \$43.75 Filing Fee & \$\square\$ \$443.75 Filing Fee & \$\square\$ \$\$52.50 Filing Fee,   |           |
| Certificate of Status Certified Copy Certificate of Status   | &         |
| (Additional copy is Certified Copy   |           |
| enclosed) (Additional copy is  |           |
| enclosed)  |           |
|  |           |
| MAILING ADDRESS: STREET ADDRESS:   |           |
| Amendment Section Amendment Section  |           |
| Division of Corporations Division of Corporations  |           |
| P.O. Box 6327 409 E. Gaines Street   |           |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## 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 Department of State  |
|---------|--|
|         | ALL AROUND PET CARE, INCH TO   |
| SECOND: | The document number of the corporation (if known): P990000910 405 3  |
| THIRD:  | The date dissolution was authorized:   |
|         | Effective date of dissolution if applicable: Jan 31, 2003 (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  |
|         |  |
|         | (voting group)   |
|         | Signed thisday of  |
|         | La francisco de la como de la com |
| Signat  | 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)   |
|         | LAURIE BEGGS   |
|         | (Typed or printed name of person signing)  |
|         | PRESIDENT  |
|         | (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: ALL ATROUND PER CARE, INC.  |
|--|
| 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:   |
| NAME (VEND-R   |
| DATE of Service  |
| Amount   |
|  |
|  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  |
| Seminole FL 33776  |
|  |
| 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. |