## P99000096588

(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:			
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SEUREDARY OF STATE
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: P 990000 96 588	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	e dekt j
RAMON BURGOS (Name of Contact Person)	
LITTLE LAMBS DAY CARE CENTER IN (Firm/Company)	C.
15 00 NW 35 ST (Address)	
MI AMI, F-LO 121) A 33142— (City/State and Zip Code)	
For further information concerning this matter, please call:	
RAMON BUIL GOS at (252) 6374700  (Name of Contact Person) (Area Code & Daytime Telephone Number	r)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee \$\times \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	

Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

•	ARTICLES OF DISSOLUTION	OTAN FILED OF
Pursuant to section 607.1 articles of dissolution:	401, Florida Statutes, this Florida profit corporation sub-	O7 APR 13 ED OF APRIS THE FOLLOWING 2: 20
FIRST: The name of	of the corporation as currently filed with the Florida Depo	entinent of State:
LITTL	E LAMBS DAYCARE CENTE	2/NC.
SECOND: The docume	ent number of the corporation (if known): P990000	096588
THIRD: The file dat	e of the articles of incorporation: 11/3/19 99	<del>?</del>
FOURTH: (CHECK A	AT LEAST ONE BOX)	
	one of the corporation's shares have been issued.	
• т	he corporation has not commenced business.	
FIFTH: No debt of t	he corporation remains unpaid.	
	s of the corporation remaining after winding up have be olders, if shares were issued.	an distributed
SEVENTH: Adoption	n of Dissolution (CHECK ONE)	<i>,</i>
□ A	majority of the incorporators authorized the dissolution	
У 💢 А	majority of the directors authorized the dissolution.	
Signature:	mmBurgn	, , , , , , , , , , , , , , , , , , ,
	tor, president or other officer - if directors or officers have not been selected is of a receiver, trustee, or other court appointed fiduciary, by that fiduciary	
-	TAMON BURGOS  (Typed or printed name of person signing)	
	EW NE 12 (Title of Person Signing)	
,	(Title of Leison 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: LITTLE LAMBS DAY CARE CENTEL 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:

DESSOLUTION OF LITTLE LAMBS DAY CARECENTELING 15 FINAL - The CENTER WILL NOT LONGER be OPERATING OR CUNDUCTING BUSI DESS INDER THIS NAME. BUSINESS WAS SOLL

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

RAMON BUILGOS 1465 S WEST CRAVEN MIDDLE SCh. 20 NEW BERN NORTH CAROLINA 28562

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.

RAMON BU1260S

Printed Name of the Person Filing

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