## Requestor's Name Address COF - S. Deut on , 7/ 32119 Office Use Only Γ NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Photocopy Certificate of Status Mail out ☐ Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(1/95)



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 4, 1997

THE HAIR SHOPPE 2550 NOVA RD. S. DAYTONA, FL 32119

SUBJECT: FAMILY HAIR CARE, INC.

Ref. Number: S37961

We have received your document for FAMILY HAIR CARE, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Letter Number: 197A00030107

Vickie Whitfield Corporate Specialist

## 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 is: Family Hair Care, The Hair Shoppe
SECOND:	The date dissolution was authorized: 4-30-97
THIRD:	Adoption of Dissolution (CHECK ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	olution was approved by vote of the shareholders through voting groups.
T ei	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	d this 12 th day of MAY, 19 97.
Signature _	d this
	Carolyn Sue MASSey  (Typed or printed name)  President
	PR-esident (Title)