## 558844

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.11.11.02.0 2.7.11.3) (1.11.11.4)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

SUBJECT: Dissolution	of Corporation - Tinkerbelle, Inc.
DOCUMENT NUMBER:	S58844
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
Barbara E. Griffit	n-Jorgensen (Name of Person)
(Na	me of Firm/Company)
5617 Richard	
	(Address)
(C	ty/State/and Zip Code)
For further information concerning the	ns matter, please call:
(Name of Person)	at ()at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following	
S \$35 Filing Fee □ \$43.75 Filing Fee Certificate of St	Tee & \$\supersquare{1}\$
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Tinkerbelle, Inc.		
SECOND:	The document number of the corporation (if known): \$58844		
THIRD:	The file date of the articles of incorporation: June 12, 1991	TAL SE	9
FOURTH:	(CHECK AT LEAST ONE BOX)		05 MAY
	None of the corporation's shares have been issued.		_
	☐ The corporation has not commenced business.		PH 12: 22
FIFTH:	No debt of the corporation remains unpaid.	RIE/	22
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	ited	
SEVENTE	H: Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
	Signed this day of January, 2005		
	Signature: Danha C. Signature: My Manual Control of the Control of	incorpor	ator - if
	Barbara E. Griffith-Jorgensen, Pres. (Typed or printed name of person signing)		
	PAES (Title of person signing)		

Filing Fee: \$35