S95485

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SIR RICHARD HEAD'S, INC.
DOCUMENT NUMBER: 595485
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
. ARden J. LEA
(Name of Person)
LAW OFFICES OF ARDEN J. LEA (Name of Firm/Company)
(Name of Firm/Company) 891 ChoeTAWHATCHEE River ROAD
(Address)
BRUCE FL 32455-4531
(City/State/and Zip Code)
For further information concerning this matter, please call:
ARden J. LEA at (850) 835-1263 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327

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: NR RICHARD HEAD'S, INC
SECOND:	The document number of the corporation (if known): 595485
THIRD:	The date dissolution was authorized: 41104
	Effective date of dissolution if applicable: (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 foup 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 16 day of April 2004
	Signature: (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)
	ARden J. LEA
	(Typed or printed name of person signing) OFFICER REG. AGENT
	(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.

Name of Corporation: SIR KichARd HEAd's, 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:	٠
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) ARden J. LEA 891 Chocthuhatchee River Rom Bluce FL 32455-4531	74
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. ARden J. LEA Printed Name of the Person Filing Signature of the Person Filing	