P04000081625

(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:

Office Use Only

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09/14/06--01026--007 **35.00

VD

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06 SEP 28 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT. 02

September 14, 2006

GREG EASTBURN
N.M. CADDEN, INC.
6608 GLEN ARBOR WAY
NAPLES, FL 34119

SUBJECT: N.M. CADDEN, INC.
Ref. Number: P04000081625

We have received your document for N.M. CADDEN, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you complete the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6892.

Tina Roberts
Document Specialist Letter Number: 106A00055473
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N.M. Cadden, Inc.

DOCUMENT NUMBER: P04000081625

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Eastburn
(Name of Contact Person)

N.M. Cadden, Inc.
(Firm/Company)

6608 Glen Arbor Way
(Address)

Naples, FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Eastburn at (239) 455-3058
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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2004 SEP 08 AM 8:00
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Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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06 SEP 28 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Florida Department of State:

N.M. Cadden, Inc.

SECOND: The document number of the corporation (if known): P04000081625

THIRD: The date dissolution was authorized: 9/11/06

Effective date of dissolution if applicable: 9/11/06
(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 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)

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)

Greg Eastburn
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35