

PDY0000081625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

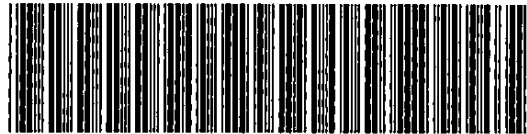
(Business Entity Name)

(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

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

Roberts OCT 02 2006

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

+ 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

(Name of Contact Person)

at (239) 455-3058

(Area Code & Daytime Telephone Number)

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

RECEIVED
SEP 18 1998
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

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