## 08282

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

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: S08282	
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Andre De La Roche	
(Name of Conta	act Person)
ANDRE DE LA ROCHE, INC.	
(Firm/Con	mpany)
72 Vista Del Rio	
(Addres	s)
Boynton Beach, Florida 33426	•
(City/State and	d Zip Code)
For further information concerning this matter, p	please call:
Andre De La Roche (Name of Contact Person)	at (_561) 734-7418  (Area Code & Daytime Telephone Number)
,	(Area Code & Daytine Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ac	43.75 Filing Fee & Status Fee, critified Copy dditional copy is closed)  43.75 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

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:
	ANDRE DE LA ROCHE, INC.
SECOND:	The document number of the corporation (if known): S08282
THIRD:	The date dissolution was authorized: January 1 2008
	Effective date of dissolution if applicable: January 1 2008  (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)
\$	(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)
	Andre De La Roche
	(Typed or printed name of person signing)
	President
	(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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ANDRE DE LA ROCHE, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
72 Vista Del Rio
Boynton Beach, Florida 33426
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.
$A_{11/1}$
Andre De La Roche
Printed Name of the Person Filling Signature of the Person Filling

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00