

178883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUN -7 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FL 32399

disc. w/ not.

Q. Cullotte JUN 07 2004

LAW OFFICES OF EDWIN B. ZASLOW, LLC

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June 3, 2004

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation: Roger Williams Enterprises, Inc.
Document No: 178883
FEI Number: 59-0965764

Dear Sir/Madam:

Enclosed for filing are the **Article of Dissolution** and **Notice of Dissolution** for the aforementioned Florida corporation.

Please send me a certified copy of this filing. Enclosed is my check for **\$43.75** for the filing fee and certified copy fee.

Thank you for your assistance.

Sincerely yours,



EDWIN B. ZASLOW

EBZ/dcv
Enclosures

cc: Ernestine Williams, Treasurer

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:

ROGER WILLIAMS ENTERPRISES, INC.

SECOND: The document number of the corporation (if known): 178883

THIRD: The date dissolution was authorized: JUNE 1, 2004

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 group 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 1st day of JUNE, 2004

Signature: Ernestine Williams

(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)

ERNESTINE WILLIAMS

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

Filing Fee: \$35

FILED
04 JUN -7 PM 3:49
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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: ROGER WILLIAMS ENTERPRISES, 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:

NAME OF CLAIMANT

ADDRESS OF CLAIMANT

NATURE AND AMOUNT OF CLAIM

WHETHER CLAIM IS SECURED OR UNSECURED

COPIES OF CONTRACTS OR OTHER EVIDENCE OF CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ERNESTINE WILLIAMS

4875 NW 31 AVE

MIAMI, FL 33142

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.

ERNESTINE WILLIAMS

Printed Name of the Person Filing

Ernestine Williams

Signature of the Person Filing