

381089

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ridgewood Estates, Inc.

**DOCUMENT NUMBER:** 381089

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

Please return all correspondence concerning this matter to the following:

Dale S. Wilson

(Name of Contact Person)

Dale S. Wilson, P.A.

(Firm/Company)

PO Box 1808

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale S. Wilson

(Name of Contact Person)

at ( 904 ) 284-5618

(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

**ARTICLES OF DISSOLUTION**

Ridgewood Estates, Inc., a Florida corporation, executes the following Articles of Dissolution pursuant to Section 607.1403 of the Florida Business Corporation Act:

- I. The name of the corporation is Ridgewood Estates, Inc.
- II. The shareholders of the corporation approved the dissolution of the Corporation on July 15, 2010.
- III. The number of votes cast by the shareholders of the Corporation for dissolution was sufficient for approval of that action.

Executed this 3rd day of August, 2010.

Ridgewood Estates, Inc.,  
a Florida corporation

By: Richard D. Custead  
Richard D. Custead, President  
1181 Overdale Road  
St. Augustine Beach, FL 32080

STATE OF FLORIDA  
COUNTY OF CLAY

The foregoing Articles of Dissolution, was acknowledged before me this 3rd day of August, 2010, by Richard D. Custead, who is personally known to me or has produced \_\_\_\_\_ as identification.

Penny P. Hopper  
NOTARY PUBLIC

Printed name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

