F20645

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	·	of Status
Special Instructions to	Filing Officer:]

Office Use Only



100088043111

02/20/07--01003--013 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Rodella, Inc.
SOBOLE I.
DOCUMENT NUMBER: F 20645
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Rodella, Inc. (Firm/Company)
P. 0. Box 306 (Address)
Deland, FL 32721 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Toha w. Maxwell at (384) 788-4533 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit stad for paying articles ← of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Rodella, Inc. The document number of the corporation (if known): F 20645 SECOND: The date dissolution was authorized: December 31 2006 THIRD: (no more than 90 days after dissolution file date) Effective date of dissolution if applicable: 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: X (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)

(Title of person signing)

(Typed or printed name of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the di against this corporation as provid			for resolution of	payment of unknow	vn claims
This "Notice of Corporate Dissol	ution" is option	al and is not requ	ired when filing a	voluntary dissoluti	on.
Name of Corporation:	Lodella,	Inc.		·	
Date of dissolution will be the dat specified in the Articles of Dissol		n is filed with the	Department of St	tate or as	
Description of information that m	ust be included	in a claim:			
	4	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.			<u>-</u>
-					
					
Mailing address where claims car	be sent: (Clain	ns cannot be sent	to the Division of	Corporations)	
<u></u>	. o. в	0 x 304	<u> </u>		
	Deland,	FL 3	<u> </u>		
A claim against the above named	corporation wil	l be barred unless	s a proceeding to e	enforce the claim is	commenced
within 4 years after the filing of the			.		
~ .			10	,) ¬	1 1
Printed Name of the		<u> </u>	Signatur	e of the Person Filing	