

(R	equestor's Name)	
(A	ddress)	
(6	ddress)	
(^	udiess)	
(C	ity/State/Zip/Phone #)	
☐ PICK-UP	MAIT	MAIL
	usiness Entity Name)	
ν-	<b>,</b>	
(D	ocument Number)	
Certified Copies	Certificates of	Status
6 - 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Special Instructions to	S Filing Officer:	
		_

Office Use Only



400306981004

12/26/17--01026--023 \*\*35.00

2017 EEC 25 PM 2: 11

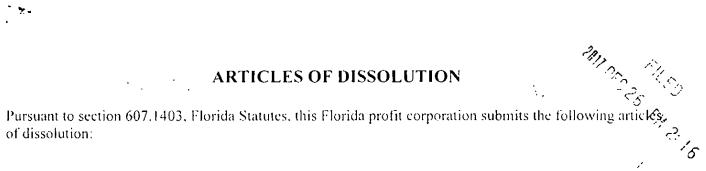
C. GOLDEN
DEC 2 7 2017

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Articles of Diss	olution	
DOCUMENT NUMBER: F 9378.	3	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Patricia Caldwell (Name of Co		
Caldwell Enterprises International, Inc. (Firm/Company)		
(Firm/	Company)	
242 River Walk	Drive	
(Add	lress)	
Melhourne Bob EL	32951	
Melbourne Bch. FL (City/State	and Zip Code)	
For further information concerning this matte	r, please call:	
Patricia Caldwell (Name of Contact Person)	at (321) 723 - 2906 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount	:	
\$35 Filing Fee  \$43.75 Filing Fee & C Certificate of Status	I \$43.75 Filing Fee & Certified Copy       □ \$52.50 Filing Fee,         (Additional copy is enclosed)       Certified Copy         (Additional copy is enclosed)       (Additional copy is enclosed)	
MAILING ADDRESS:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



PHOCE	/ / / / / / / / / / / / / / / / / / /		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Caldwell Enterprises International Inc.		
SECOND:	The document number of the corporation (if known): F 93782		
THIRD:	The date dissolution was authorized: December 15 2017		
	Effective date of dissolution if applicable: December 31, 2017  (no more than 90 days after dissolution file date)		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	TH: Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes east 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		
	Henry S. Caldwell		
	(voting group)		
	Signature: Nemy S. Calhuell		
	(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)		
	Hann S California		
	(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: Caldwell Enterprises International, 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:
Proof that such unknown claim is valid, and it has been approved
by sole stockholder and director.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Henry S. Caldwell
242 River Walk Drive
Melbourne Beach FL 32951
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.
Printed Name of the Person Filing  Name of the Person Filing  Signature of the Person Filing