## G13786

| (Requestor's Name)           |                |                 |  |  |
|------------------------------|----------------|-----------------|--|--|
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| (Addre                       | ess)           |                 |  |  |
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| (Addre                       | ess)           | ·· <del>·</del> |  |  |
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| (City/S                      | state/Zip/Phon | e #)            |  |  |
| (Only Cattle Light Hollow)   |                |                 |  |  |
| PICK-UP                      | □ WAIT         | MAIL            |  |  |
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|                              |                |                 |  |  |
| (Busin                       | ess Entity Na  | me)             |  |  |
|                              |                |                 |  |  |
| (D                           | ment Number)   |                 |  |  |
| (Docui                       | nent Number)   |                 |  |  |
|                              | •              |                 |  |  |
| Certified Copies             | Certificates   | s of Status     |  |  |
|                              |                |                 |  |  |
|                              |                |                 |  |  |
| Special Instructions to Fili | ng Officer:    |                 |  |  |
|                              |                |                 |  |  |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEL AND FILED

(iSS)
6. Gentile APR 2 6 2007

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: Malloy Farms,  | Inc.   |  |  |  |
| DOCUMENT NUMBER: 6 13786  |  |  |  |  |
| The enclosed Articles of Dissolution and fee are sub-   | mitted for filing.   |  |  |  |
| Please return all correspondence concerning this matt   | er to the following:   |  |  |  |
| Jo Ann Malloy (Name of Contact Po   |  |  |  |  |
| (Name of Contact Po   | erson)   |  |  |  |
| (Firm/Compan  | y)   |  |  |  |
| 3337 Bevia Road   |  |  |  |  |
| 3337 Bevig Road (Address)   |  |  |  |  |
| Marianna, FL 32446<br>(City/State and Zip   |  |  |  |  |
| (City/State and Zip   | Code)  |  |  |  |
| For further information concerning this matter, please  | e call:  |  |  |  |
| at (  | 850 482-5/96 (Area Code & Daytime Telephone Number)  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| Certificate of Status Certific  | Filing Fee & S 52.50 Filing Fee, ed Copy Certificate of Status & conal copy is ed) (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:   |                    |       |
|---------|---|--|--------------------|-------|
|         | Malloy Fourms, Inc.   |  |                    |       |
| SECOND: | The document number of the corporation (if known): 6/3786   |  | -                  |       |
| THIRD:  | The date dissolution was authorized: /2/28/06   |  | -                  |       |
|         | Effective date of dissolution if applicable: /2/3//06  (no more than 90 days after dissolution to   | file date)   | -                  |       |
| FOURTH: | Adoption of Dissolution (CHECK ONE)   |  |                    |       |
|         | Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.   | for dissolutio   | on                 |       |
|         | Dissolution was approved by the shareholders through voting groups.   |  |                    |       |
|         | The following statement must be separately provided for each voting group en<br>to vote separately on the plan to dissolve:   | ntitled  |                    |       |
|         | The number of votes cast for dissolution was sufficient for approval by   | SECRE<br>TALL AI   | 07 AP              |       |
|         | (voting group)  | CRETARY OF STATE<br>LAHASSEE, FLORID   | 07 APR 23 AM 10: 3 | FILED |
|         | Signature:  (By 4-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) | 4<br>4<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10 |                    |       |
|         | To Ann Malloy (Typed or printed name of person signing)   |  |                    |       |
|         | President (Title of person signing)   |  |                    |       |

Filing Fee: \$35

APPROVE AND