## 644675

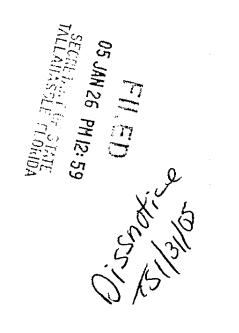
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	<u>.</u>
(C	ity/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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01/26,06--01020--014 \*\*43.75



## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: TODOSCOTO CHATSWOOD - ENVESTMENTS - INC.
DOCUMENT NUMBER: C-44675
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM K GALLMAN Ja. (Name of Person)
CHATSWOOD -TAVESTMENTS TUC. (Name of Firm/Company)
(Address)
City/State/and Zip Code)  For further information concerning this matter, please call:
WILLIAM K GALLMAN Th at (Z39) 572-1192  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee \$\frac{1}{2}\$\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

## 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:
	CHATSWOOD INVESTMENTS FUC.
SECOND:	The document number of the corporation (if known): <u>G-44675</u>
THIRD:	. / /
	The date dissolution was authorized: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  Effective date of dissolution if applicable: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  (no more than 90 days after dissolution file date) \( \frac{2}{25} \)  The date dissolution was authorized: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  Effective date of dissolution if applicable: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  The date dissolution was authorized: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  Effective date of dissolution if applicable: \( \lambda \frac{1}{21} \sum \frac{200.5}{200.5} \)  Effective date of dissolution if applicable: \( \lambda \frac{1}{21} \sum \frac{1}{200.5} \)  (no more than 90 days after dissolution file date) \( \frac{1}{21} \sum \frac{1}{200.5} \)  The date dissolution if applicable: \( \lambda \frac{1}{21} \sum \frac{1}{200.5} \)  (no more than 90 days after dissolution file date) \( \frac{1}{21} \sum \frac{1}{200.5} \)  The date dissolution is a triangle of the date of th
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 21 At day of JANUARY 2005
Signatur	
•	(By a director, president or other officer - if directors or officers have not been selected, by an 1 ncorporator if in the hands of a receiver fustee, or other court appointed fiduciary, by that fiduciary)
	WILLIAM K GALLMAN TA (Typed or printed name of person signing)
	(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: CHATSWOOD THUESTMENTS, THE.
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
<u>Appress</u>
DATE of CLAIM
TELEPHONE / FAX NUMBERS
NATURE OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6608 TIEX CIRCLE
NAPLET FL 34109
C/O WILLIAM GALMAN, In
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  Signature of the Person Filing
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00