Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ASMA & ASMA, P.A.

Account Number : 120060000067 Phone

: (407)656-5750

Fax Number

: (407)656-0486

DISSOLUTION OR WITHDRAWAL DALCO CONSTRUCTION, INC.

Certificate of Status	0
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FIRST:

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ARTICLES OF DISSOLUTION

Pursuant to section 607,1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

	DALCO CONSTRUCTION, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: NOVEMBER 15, 2022		
•	Effective date of dissolution if applicable: (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
5	Signature: Lalie DaleGueu		
	(By a director, president or other officer - if directors or officers have not been selected, by on incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	LESLIE DALE GREER		
•	(Typed or printed name of person signing)		
	PRESIDENT		
•	(Title of person signing)		

Filing Fee: \$35

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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, P.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: DALCO CONSTRUCTION, INC.	
The above named corporation is the subject of dissolution and the effect NOVEMBER 15, 2022	tive date of a dissolution is:
(date filed with the Dept., if dute specified in the A	tricles of Dissolution)
Description of information that must be included in a claim:	
INVOICE NUMBER; AMOUNT PURPORTEDLY DUB; NAME OF PROJE	CT; DATE OF SERVICES
Mailing address where written claims can be sent: (Claims cannot be se	ant to the Division of Corporations)
17009 MAGNOLIA ISLAND BLVD. CLERMONT FL 34711	
A claim against the above named corporation will be barred unless a prowithin 4 years after the filing of this notice.	occeding to enforce the claim is commenced
LESLIE DALE GREER Printed Name of the Person Filing	Lealer Baleguer Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00