

L39581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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(Business Entity Name)

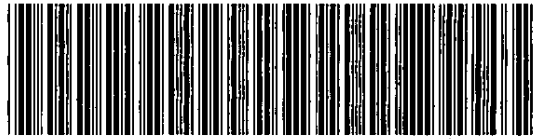
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*diss*  
C.COULLIETTE

JUL 30 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALKERSWOOD MARKETING N A INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** L 39581

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELIA DIXON-CHAMBERS  
(Name of Person)

WALKERSWOOD MARKETING N A INC  
(Name of Firm/Company)

P O Box 29-7305  
(Address)

Pembroke Pines FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

CELIA DIXON-CHAMBERS at (954) 816 7887  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALKERSWOOD MARKETING. N A INC  
"DISSOLUTION of CORPORATION"

**DOCUMENT NUMBER:** L 39581

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELIA DIXON-CHAMBERS  
(Name of Contact Person)

WALKERSWOOD MARKETING N. A. INC  
(Firm/Company)

P O Box 29-7305  
(Address)

Pembroke Pines FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

CELIA DIXON-CHAMBERS at ( )  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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:

WALKERSWOOD MARKETING, N A INC

SECOND: The document number of the corporation (if known): L 39581

THIRD: The date dissolution was authorized: 7/01/09

Effective date of dissolution if applicable: 7/01/09  
(no more than 90 days after dissolution file date)

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: [Signature]

(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)

PRESIDENT CELIA DIXON CHAMBERS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA