## M19200

| (R                                      | equestor's Name)    |           |
|---|---------------------|-----------|
| (A                                      | ddress)             |           |
| (A                                      | ddress)             |           |
| (C                                      | ity/State/Zip/Phone | #)        |
| PICK-UP                                 | MAIT                | MAIL      |
| (B                                      | usiness Entity Nam  | e)        |
| (Ď                                      | ocument Number)     | ·         |
| Certified Copies                        | Certificates        | of Status |
| Special Instructions to Filing Officer: |                     |           |
|   |                     |           |
|   |                     |           |
|   |                     |           |
| Special Instructions to                 | Filing Officer:     |           |

Office Use Only



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LUAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: DI SSOUTI O W  |  |  |  |  |
| DOCUMENT NUMBER: M19200   |  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| (Name of Contact Person)  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
| Rockotto tour Ment of holled THE  (Firm/Company)  |  |  |  |  |
| • •   |  |  |  |  |
| 890, S. Howy Brook BWD Aft 309<br>(Address)   |  |  |  |  |
| PEUBPORE PONES FRORIDA 330205   |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| ALLAN GLETCHER at (305) 796-7842  (Name of Contact Person) (Area Code & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$\Bigcup \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |  |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:     |             |   |
|---------|--|------------|-------------|---|
|         | ROCKED EQUIPMENT OF FLORIDA  |            |             |   |
| SECOND: | The document number of the corporation (if known): Mg 200  |            |             |   |
| THIRD:  | The date dissolution was authorized: 12-31-01  |            |             |   |
|         | Effective date of dissolution if applicable: 12-31-05 (no more than 90 days after dissolution to   | file date) | <del></del> |   |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  | 18i        | 06          |   |
|         | Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.  | OTASS      | 曇。          | _ |
|         | Dissolution was approved by of the shareholders through voting groups.   |            | AM IO:      | ר |
|         | The following statement must be separately provided for each voting group e<br>to vote separately on the plan to dissolve:   |            |             |   |
|         | The number of votes cast for dissolution was sufficient for approval by  |            |             |   |
| ,       | ALL STOCK HOLDERS  |            |             |   |
|         | (voting group)   |            |             |   |
|         | $\mathcal{L}_{\mathcal{L}}$  |            |             |   |
|         | 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) | •          |             |   |
|         | IRENE GLEICHER   |            |             |   |
|         | (Typed or printed name of person signing)  |            |             |   |
|         | Vice President (Title of person signing)   |            |             |   |
|         | (The of person signing)  |            |             |   |

## 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. ROCKWELD EQUIPMENT OF FLORIDATUE 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: SIGNED DELIVERY RECEIPT AND ORIGINAL INVOICE Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) ROCKWELD EQUIPMENT CO. OC FLA INC 8901 S. Howy BROOK BLVD Apr 309 Pembroke Pines, FL 33025 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. TRENE GLETCITER

Printed Name of the Person Filing