

PO1000104575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

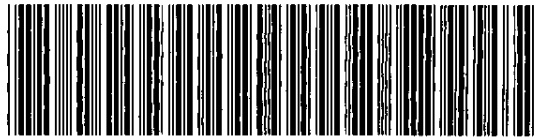
(Document Number)

Certified Copies _____

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11/28/07--01023--008 **35.00

FILED
2007 NOV 28 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSS/w/Notice
82

12-4-2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2007

Niramon N. Brainerd
Country Garden Enterprise, Inc.
3123 Knight Station Road
Lakeland, FL 33801

SUBJECT: COUNTRY GARDEN ENTERPRISE, INC.
Ref. Number: P01000104575

Per your recent request enclosed is information on filing Articles of Dissolution to voluntarily dissolve the subject corporation.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 607A00066054

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESOLVE CORPORATION

DOCUMENT NUMBER: P01000104575

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

Please return all correspondence concerning this matter to the following:

NIRATHON N BRAINERD

(Name of Contact Person)

COUNTRY GARDEN ENTERPRISE, INC.

(Firm/Company)

3123 KNIGHT STATION RD

(Address)

LAKELAND FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

NIRATHON N. BRAINERD

(Name of Contact Person)

at (863) 816 0531

(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:

COUNTRY GARDEN ENTERPRISE, INC.

SECOND: The document number of the corporation (if known): P01600104575

THIRD: The date dissolution was authorized: 11-10-07

Effective date of dissolution if applicable: 11-25-07

(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

1

(voting group)

Signature: x Niramon N. Brand

(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)

NIRAMON N BRAND

(Typed or printed name of person signing)

PRES / DIRECTOR

(Title of person signing)

2007 NOV 28 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: COUNTRY GARDEN ENTERPRISE INC

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:

DID NOT USE COPR. DUE TO REPEATED ILLNESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3123 KNIGHT STATION RD

LANE LAND FL 33801

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.

MIRAMON N BRAINED

Printed Name of the Person Filing

x Miramon N. Brained

Signature of the Person Filing

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