

APR 30 2009 5:23PM

C S C

NO. 575 Page 1 of 1

PO100010681

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000110665 3)))



H090001106653AEC

RECEIVED

2009 MAY -1 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 MAY -1 AM 11:36

FILED

Division of Corporations  
Fax Number : (850) 617-6380

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

Ced Y2951

DISSOLUTION OR WITHDRAWAL

COMACCHIO U.S.A. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 4/30/09

FILED  
09 MAY - 1 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### 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: **COMACCHIO U.S.A., CORP.**

SECOND: The document number of the corporation (if known): **P01000110681**

THIRD: The date dissolution was authorized: **March 18, 2009**

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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)

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)

**COMACCHIO RENZO**

(Typed or printed name of person signing)

**DIRECTOR**

(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: COMACCHIO U.S.A. CORP.

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:

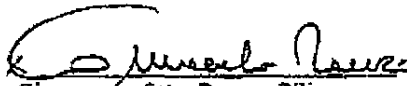
Provide satisfactory written evidence of claim, name and  
address of creditor

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

Comacchio U.S.A. Corp.  
c/o Valla & Associates, Inc., L.P.  
1990 N. California Blvd. Suite 620  
Walnut Creek, California 94596

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.

COMACCHIO RENZO  
Printed Name of the Person Filing

  
Signature of the Person Filing