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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: CALCOSA SHORES ENTRIPRISES, INC
DOCUMENT NUMBER: <u>P0300083638</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TOM GILLES ! E (Name of Contact Person)
ENCHANTED HOMES, INC (Firm/Company)
PO BOX 3482
(Address) NORTH FOLT MIERS, FL 33918 (City/State and Zip Code) For further information concerning this matter, please call:
ELAINE BAILEY at (239) 656 7044 (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 & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifie
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:			
	CALOOSA SHORES ENTERPRISES, INC	•		
SECOND:	The document number of the corporation (if known): P03000831	<u> </u>		
THIRD:	The date dissolution was authorized: 12/31/07			
	Effective date of dissolution if applicable: 12 1 107 (no more than 90 days after dissolution)	n file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution		
	Dissolution was approved by the shareholders through voting groups.	08 FEB 15		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle of STATE		
	The number of votes cast for dissolution was sufficient for approval by	TATE ORIDA		
	(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)			
	THOMAS CTILLES PLE (Typed or printed name of person signing)			
	(Title of person signing)			

Filing Fee: \$35