

PD3000145256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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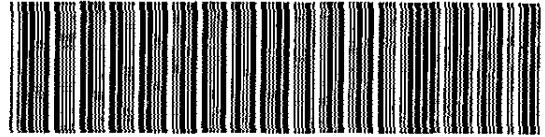
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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MAB 1/22

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve a Florida Profit Corporation

**DOCUMENT NUMBER:** P03000145256

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

Please return all correspondence concerning this matter to the following:

Carl L. LaMonte  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

26331 Brahma Dr.  
(Address)

Zephyrhills, FL 33544  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Carl L. LaMonte at (813) 714-8986  
(Name of 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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State:

C & C Custom Cabinetworks Inc.

SECOND: The document number of the corporation (if known): P03000145256

THIRD: The date dissolution was authorized: 01/02/04

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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

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)

Carl L. LaMonte  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

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04 JAN 15 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA