

P04000050702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

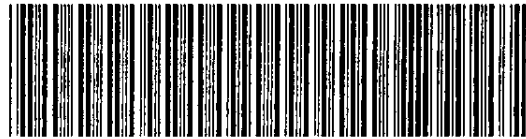
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/02/11--01048--004 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:58

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C.COULLIETTE

MAY 06 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary dissolution of James W Baldwin Enterprises

DOCUMENT NUMBER: P04000050702

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

Please return all correspondence concerning this matter to the following:

Charlotte M Baldwin

(Name of Contact Person)

James W Baldwin Enterprises

(Firm/Company)

4296 E Louisiana Ln

(Address)

Hernando, FL 34442

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlotte M Baldwin

(Name of Contact Person)

at (352) 257-9681

(Area Code & Daytime Telephone)

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 Stat Certified Copy (Additional copy 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 Ci
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the foll
of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of
James W Baldwin Enterprises

SECOND: The document number of the corporation (if known): P04000050702

THIRD: The date dissolution was authorized: 01-01-2011

Effective date of dissolution if applicable: 01-01-2011
(no more than 90 days after dissolution f

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast fi
was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group en
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)

James W Baldwin

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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: James W Baldwin Enterprises

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:

Due to economic situations we voluntarily dissolve James W Baldwin Enterprises as of 01-01-2011.

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

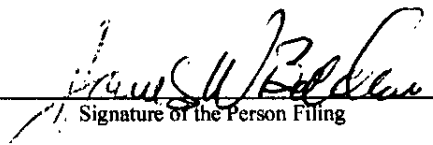
4296 E Louisiana Lane

Hernando, FL 34442

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.

James W Baldwin

Printed Name of the Person Filing


Signature of the Person Filing

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