## P04000095752

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Submoss Zilai, Name)		
(Document Number)		
Certified Copies Certificates of Status		
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MM Diss, W/ Notice 12/18/07

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Hagley and	Landrigan, A.
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the follow	ving:
Name of Contact Person)	
· · · · · · · · · · · · · · · · · · ·	
(Firm/Company)	#- D.
6295 Bahia Dol Mar Cilcle (Address)	o#110
St. loterSurg florida & City State and Zip Code)	7337/5
For further information concerning this matter, please call:	
(Name of Contact Person) at (7)7 (Area Code &	459-6400 Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 Clifton	EET ADDRESS:  Independent Section  Is a sion of Corporations  In Building  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:
	Hadley & handrigan, l.t.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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 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
	Table Lawring groups (voting group) Fig. F1 OP STATE
	Signature:  (By a director, president of 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)
	(Typed or printed name of person signing)
	(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:

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:

Oct of Scription of Corporations

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

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.

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