Po5000119003

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	

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SECREDAILY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT | 7 AM | 11:5

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: COMMON HOM	es Inc	
DOCUMENT NUMBER: PO 500	500B/11003	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anette Cerabino-Read		
(Name of Contact Person)		
carmen homes me		
(Firm/Company)		
1540 Mist	4 Glen lane	
7 A 1 A		
Clermonty Florida, 34711		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
at (35	2, 874.5788	
	a 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 & Certified Co (Additional cenclosed)	py Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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:
	cormen names, Inc.
SECOND:	The document number of the corporation (if known): PO 50001190
THIRD:	The date dissolution was authorized: 1547014 2008
	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
	Board of Directors Est &
	(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)
	Anette Cerabino-Read
	(Typed or printed name of person signing)
	President
	(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: Cavmen Homes Inc
	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:
	Commen homes line has sold the assets
K	of its business & is no longer trading
•	in Feorida a wishes to formally
	dissave the corporation
	ettective Ist July 2008
* th	agrets are crescont Later vacation management
	Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	1540 mism Glenlare
	clermont
	<u>floride</u>
	34711
	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.
	Anethe Cerabino-Read
	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