(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(В	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: D&G QUALITY FOOD INC.		
DOCUMENT NUMBER: PO5 000 122459		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
FREDERICK KOEHL (Name of Contact Person)		
(Name of Contact Person)		
(Firm/Company)		
Po Box 2257		
(Address)		
CIZY STAC PIVER FE 34423 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (352) 795-7966  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, \$\times \\$Certificate of Status & \$\times \\$Certified Copy & \$\times \\$Certified C		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
•	D&G QUALITY FOOD INC
SECOND:	The document number of the corporation (if known): Po5000/22 459
THIRD:	The date dissolution was authorized: 12-01-07
	Effective date of dissolution if applicable: 12-31-07 (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  TALLARY  ALCARETARY  TARRY
	(voting group)  F. F. STATE LORIDA
	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)
	GRACE CHEN
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)

Filing Fee: \$35