P06000035465

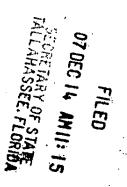
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: acticles of Dissolution		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Debra Wade (Name of Contact Person)		
D+D Nagles Investments, INC (Firm/Company)		
7972 Umberto Ct		
7972 Umberto Ct (Address) Naples, FL 34/14		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Debra Wade at (239) 682-2560 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \text{\$\frac{1}{2}\$		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallabasses FL 32314 Content of Corporations 2661 Executive Center Circle		

Tallahassee, FL 32301

	ARTICLES OF DISSOLUTION FILED
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation/submits the Making article on: The name of the comparation on support to Florida Department of States.
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	D + D Naples Investments, INC.
SECOND:	The document number of the corporation (if known): P0600035465
THIRD:	The date dissolution was authorized: December 1, 2007
	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
	(voting group)
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the handstoff a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Ochra T Wade (Typed or printed name of person signing)
	President
	(Title of narrow cioning)

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. 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: 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.

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