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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Attorneys at Law DOMENICO A. LUCARELLI JEFFREY C. QUINN KAREN S. BEAVIN

307 Airport Pulling Road North Naples, Florida 34104 Tel. No. 239/643-6263 or 775-8889 Fax: 239/643-5243 or 239/775-3820

LAW OFFICES

LUCARELLI, BEAVIN & QUINN, P.A.

April 13, 2009

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Graeve Enterprises, Inc.

Dear Sir or Madam:

You will find enclosed the following to be filed with you concerning the above-named corporation:

- 1. Notice of Corporate Dissolution,
- 2. Articles of Dissolution, and
- 3. Check in the amount of \$35.00 for the filing fee.

Thank you.

Sincerely,

LUCARELLI BEANN & QUINN, P.A.

JEFPRENJO. OPPRN

JCO/tl

Enclosures as stated

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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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:

GRAEVE ENTERPRISES, INC.

SECOND

The document number of the corporation is P06000073670.

THIRD

The date dissolution was authorized: March 18, 2009.

FOURTH

Adoption of Dissolution: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Theodore H. Graeve Jr., President

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: GRAEVE ENTERPRISES, 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:

Name, address, and phone numbers of claimant Amount of Claim Brief description thereof

Mailing address where claims can be sent: 461 17th Street S.W., Naples, Florida 34117.

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this Notice.

HEODORE H. GRAEVE JR.