

P 06000078859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

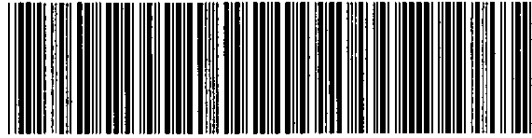
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100146406831

100146406831  
03/23/09--01007--003 \*\*35.00

FILED  
09 APR -3 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0001

Volun.  
Dis.

4/6/09

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2009

HARRY M. SAMUELS  
2901 STIRLING ROAD  
SUITE 307  
FT. LAUDERDALE, FL 33312

SUBJECT: RKKD, INCORPORATED  
Ref. Number: P06000078859

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 109A00010150

RECEIVED  
2009 APR -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RKKD INC

**DOCUMENT NUMBER:** P06000078859

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY M SAMUELS

(Name of Contact Person)

REGISTERED AGENTS OF SOUTH FLORIDA INC

(Firm/Company)

2901 STIRLING ROAD-SUITE 307

(Address)

FT LAUDERDALE, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

HARRY M SAMUELS

(Name of Contact Person)

at ( 954 ) 966-1350

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
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:

**RKKD, INCORPORATED**

SECOND: The document number of the corporation (if known): **P06000078859**

THIRD: The date dissolution was authorized: **12/31/2008**

Effective date of dissolution if applicable: **12/31/2008**  
(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 hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**ROBERT R BRIGHT**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

FILED  
09 APR - 3 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA