

P07000002598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 NOV - 6 PM 3:03

C. GOLDEN

NOV 08 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT: DISSOLUTION OF DALENBERG ENTERPRISES INC**

**DOCUMENT NUMBER: P07000002598**

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

Please return all correspondence concerning this matter to the following:

JACQUELINE M DALENBERG

(Name of Contact Person)

DALENBERG ENTERPRISES INC.

(Firm/Company)

3551 MONTGOMERY DR.

(Address)

PORT CHARLOTTE FLORIDA 33981

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE M DALENBERG

at (941-979-8772)

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



**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: DALENBERG 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:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P O BOX 511109, PUNTA GORDA, FL 33951

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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.

JACQUELINE M DALENBERG  
Printed Name of the Person Filing

  
Signature of the Person Filing