

# P12000019234

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000096397 3)))



H120000963973ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP  
Account Number : I20000000025  
Phone : (407) 481-5800  
Fax Number : (407) 481-5801

**DISSOLUTION OR WITHDRAWAL  
SOUTHEASTERN DAIRY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2012 APR 12 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

12 APR 12 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help


*less with  
notice  
APR  
4/12/12*

APR.11.2012 16:58

#1455 P.003 /004

Executed this 11<sup>th</sup> day of April, 2012.

**SOUTHEASTERN DAIRY, INC.**

By: 

Name: Dale Eade

Title: Director

### 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: **Southeastern Dairy, 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:

1. Provide a reasonable description of the claim claimant is asserting.
2. State the amount of the claim as of a given date.
3. State any interest obligation related to such claim if such obligation is fixed by an instrument of indebtedness.
4. If existing and available to claimant, provide a copy of any instrument pursuant to which claimant believes its claim arises.

Mailing address where claims can be sent:

Southeastern Dairy, Inc.  
P.O. Box 3790  
Bellevue, FL 34421  
Attention: Dale Eade

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.

**SOUTHEAST DAIRY, INC.**

By: 

Name: Dale Eade

Title: Director