P92000014011

(Requestor's Name) (Address) (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALL AHASSEE, FLORID

C.COULLIETTE
JUL 23 2009

FYAMINER

ATTORNEYS AT LAW



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ATWOOD DUNWODY (1912-1996)

Please reply to Miami office Email:adenault@dwl-law.com

July 14, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
No.: 7160 3901 9849 9130 3764

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

Re: The Colliflower Family Corp.

Document No.: P92000014011

To Whom It May Concern:

Enclosed for filing with the Department of State Division of Corporations are the following:

- Articles of Dissolution for The Colliflower Family Corp.;
- Notice of Corporate Dissolution; and
- A check in the amount of \$52.50 (representing fees for filing, a certified copy of the Articles and Certificate of Status).

Please return the certified copies and the certificate of status to (a stamped addressed envelope is enclosed for your convenience):

Alex M. Denault, Esq. Dunwody White & Landon, P.A. 550 Biltmore Way, Suite 810 Coral Gables, FL 33134

Sincerely,

Alex M. Denaul

AMD/bg cc: Neil R. Chrystal Encl.

MIAMI 550 Biltmore Way Suite 810 Coral Gables, Florida 33134 Telephone 305/529-1500 Fax 305/529-8855 NAPLES 4001 Tamiami Trail North Suite 200 Naples, Florida 34103 Telephone 239/263-5885 Fax 239/262-1442

ം www.dwl-law.com അം

PALM BEACH Plaza Center, Suite 501 249 Royal Palm Way Palm Beach, Florida 33480 Telephone 561/655-2120 Fax 561/655-2168

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:	
	THE COLLIFLOWER FAMILY CORP.	
SECOND:	The document number of the corporation (if known): P92000014011	_
THIRD:	The date dissolution was authorized: July 10, 2009	_
	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.	n
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group emitted to vote separately on the plan to dissolve:	13 (g) 2 (g) 2 (g)
	The number of votes cast for dissolution was sufficient for approval by	-
	(voting group)	Legal
	Signature: Crock Cowe	
	(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)	
	OWEN COLLIFLOWER	
	(Typed or printed name of person signing)	
	Director & President	
	(Title of person signing)	

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 Corporat	ion:_THE COLLIFLOWER FAMILY CORP
	n will be the date the dissolution is filed with the Department of State or as rticles of Dissolution.
Description of info	ormation that must be included in a claim:
Name and a	address of claimant; amount of claim; description of claim;
date claim a	rose; description of circumstances in which claim arose; all
documentat	ion related to claim; evidence of valid claim.
Mailing address w	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
<u></u>	leil R. Chrystal, Esq.
	Dunwody White & Landon, P.A.
5	550 Biltmore Way, STE 810
(Coral Gables, FL 33134
	te above named corporation will be barred unless a proceeding to enforce the claim is commenced er the filing of this notice.
Owen Collif	lower, President

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

Printed Name of the Person Filing