

P.930000001666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

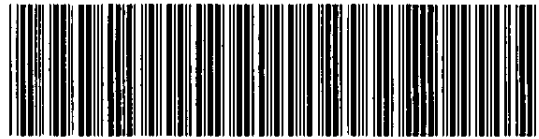
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/09--01041--001 **43.75

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09 FEB 23 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/24/09
FUD/S
*008

DONALD WOOD

6882 STIRLING ROAD
HOLLYWOOD, FL. 33024

TELEPHONE: (954) 962-0059

02-09-09

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

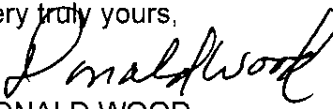
Re: Dissolution of DONMAR OF DAVIE, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,



DONALD WOOD

ARTICLES OF DISSOLUTION

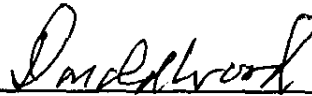
Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is DONMAR OF DAVIE, INC.
Corporate number: P93000001666
- SECOND: The articles of incorporation were filed on 01-01-93.
- THIRD: The date dissolution was authorized was 02-09-09.
- FORTH: Dissolution was approved by the shareholders. The number of votes at the dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

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TALLAHASSEE, FLORIDA

Signed this 02-09-09.

FURTHER AFFIANT SAYETH NAUGHT.



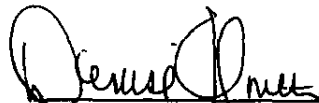
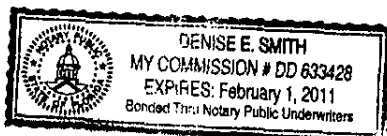
AFFIANT/DONALD WOOD, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 18th day of FEBRUARY, 2009, by DONALD WOOD, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF FLA W300-196-31-188-0**

St: 5/28/2013

Witness my hand and seal at said county and state this 18th day of FEBRUARY, 2009

My commission expires


Signature of Notary Public

DENISE E. SMITH
Printed Name