## P970000 70862

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | ldress)           |             |
| (Ad                     | ldress)           |             |
|                         |                   |             |
| , (Cri                  | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
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SECRETARY OF STATE
ALLAHASSEF FLORIS

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                                                                                               |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: PANDA INVESTMENTS                                                                                                             | TNC.                                                                                                                           |
| DOCUMENT NUMBER: #91000070                                                                                                             | 862                                                                                                                            |
| The enclosed Articles of Dissolution and fee are submitted                                                                             | for filing.                                                                                                                    |
| Please return all correspondence concerning this matter to the                                                                         | ne following:                                                                                                                  |
| ANNE MESAGNA                                                                                                                           |                                                                                                                                |
| (Name of Contact Person)                                                                                                               |                                                                                                                                |
| (Firm/Company)                                                                                                                         |                                                                                                                                |
| • • • •                                                                                                                                | E LANE                                                                                                                         |
| 3606 SMOKE TRE (Address)                                                                                                               | _                                                                                                                              |
| CRYSTAL LAKE, I                                                                                                                        | L. 60012                                                                                                                       |
| (City/State and Zip Code)                                                                                                              |                                                                                                                                |
| For further information concerning this matter, please call:                                                                           |                                                                                                                                |
| ANNE MESAGNA at (815                                                                                                                   | Code & Daytime Telephone Number)                                                                                               |
| (Name of Contact Person) (Area                                                                                                         | Code & Daytime Telephone Number)                                                                                               |
| Enclosed is a check for the following amount:                                                                                          |                                                                                                                                |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Certificate of Status Certified Cop. (Additional coenclosed) | ₹                                                                                                                              |
| 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 of dissolution | section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:                                                                                                        |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST:                     | The name of the corporation as currently filed with the Florida Department of State:                                                                                                                          |
|                            | PANDA INVESTMENTS, INC.                                                                                                                                                                                       |
| SECOND:                    | The document number of the corporation (if known): P97000070862                                                                                                                                               |
| THIRD:                     | The date dissolution was authorized: 3 3 0 200 7                                                                                                                                                              |
|                            | Effective date of dissolution if applicable: 3 130/2007  (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)                                                                                                                                                                                               |
|                            | (Typed or printed name of person signing)                                                                                                                                                                     |
|                            | (Title of person signing)                                                                                                                                                                                     |
|                            | (Time of Person albumb)                                                                                                                                                                                       |

Filing Fee: \$35