

P98000044939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

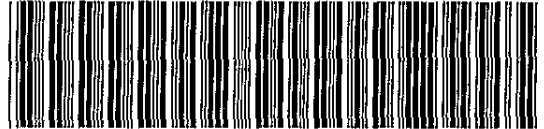
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/03--01053--007 **43.75

FILED
03 AUG 25 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
mm
8/28/03

I WOULD LIKE A CERTIFIED COPY OF DISSOLUTION

ENCLOSED IS FILING FEE OF 35.00
AND 8.75 FOR CERTIFIED COPY

THANK YOU!

Mike Malicot

Phone Number 1-800-595-1782

Return Address is

MIKE MALICOT

2988 NW 89TH TERR #4

CORAL SPRINGS FL 33065

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: D.L.M. OF PALM BEACH
COUNTY INC.

SECOND: The filing date of the articles of incorporation was: MAY 19 1998

THIRD: (CHECK ONE)

DOCUMENT # 09800004939

☒ None of the corporation's shares have been issued.

EIN # 650852901

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 22 day of AUGUST, 2003.

Signature

[Signature]
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

MICHAEL MALICOAT

(Typed or printed name)

President

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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