525328

| (Requestor's Name) | - |
|---|---|
| (Address) | - |
| (Address) | _ |
| (City/State/Zip/Phone #) | - |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | 7 |
| | |
| | |
| | |
| Certified Copies Certificates of Status | |

Office Use Only



800033456288

04/29/04--01041--012 **52.50

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | |
|---|---|---|
| SUBJECT: <u>LDK Enter</u> DOCUMENT NUMBER: <u>52</u> | prises Inc | |
| DOCUMENT NUMBER: 52 | 5328 | |
| The enclosed Articles of Dissolution and | fee are submitted for filing | ng. |
| Please return all correspondence concerning | ng this matter to the follo | wing: |
| Lynda Hataway (Mame of | | |
| (Mame of | f Person) | 04 M R 29 |
| (Name of | f Firm/Company) | 29 |
| _ 1309 SE Salern | no Rd | R 29 PN 14: 30 |
| | (Address) | (S. 6) |
| | 24997 /State/and Zip Code) | |
| For further information concerning this ma | atter, please call: | |
| Lynda Hataway (Name of Person) | at (<u>772</u>) <u>e</u> (Area Code & I | 286-5680 Daytime Telephone Number) |
| Enclosed is a check for the following amo | ount: | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ©\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | Ar Di | REET ADDRESS: nendment Section vision of Corporations 9 E. Gaines Street |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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 Department of State: |
|---------|---|
| | LDK Enterprises Inc |
| SECOND: | The document number of the corporation (if known): 525328 |
| THIRD: | The date dissolution was authorized: |
| | Effective date of dissolution if applicable: Oldo 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 of 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) |
| | Signed this 27 th day of Gorif, 2004. |
| | |
| Cianat | ure: Amda Hatawan |
| Signat | (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) |
| | Lynda Hataway |
| | (Typed or printed name of person signing) |
| • | President 29 |
| | 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 Corporation: LDK Enterprises Inc. |
|--|
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . |
| Description of information that must be included in a claim: |
| |
| |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 1309SE SalernoRd |
| 1309SE SalernoRd Stuart FL 34997 |
| |
| |
| 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. |
| Ynda Hataway Printed Name of the Person Filing Signature of the Person Filing |