V 31720

(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:

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 24 AM 11:45

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Dissolved
08/03/06

DC

Stross Law Firm

a Professional Association ♦ *Attorneys and Counsellors at Law*

Howard C. Stross*‡
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‡Board Certified Real Estate Attorney (Florida)
*Member, National Network of Estate Planning Attorneys

email: hstross@strosslaw.com
strosslaw.com

July 21, 2006

File #2075

<u>**VIA OVERNIGHT MAIL**</u>
Registration Section
Division of Corporations
Clifton Building, 2661 Executive Center Circle
Tallahassee FL 32301

RE: Ciccone-D-Amico, Inc., a Florida corporation
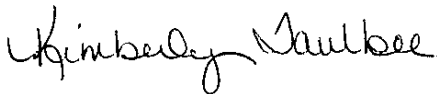
To Whom It May Concern:

Attached please find the following in connection with authorization for the above-referenced corporation to transact business in Florida:

1.   Cover Letter;

2.   Check number 183 in the amount of $50.00 and check number 4455 in the amount of $2.50, which represent the Filing Fee, cost for a Certified Copy and cost for a Certificate of Status; and,

3.   Articles of Dissolution (and additional copy).

Thank you for your assistance in this matter. If you need any further information, please do not hesitate to contact us.

Sincerely,

STROSS LAW FIRM, P.A.

Kimberly M. Taulbee,
Administrator/Paralegal

/kt

Enclosures

G:\tmw7\data\files\2075\CORR15900.doc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____Ciccorne-D-Amico, Inc._____

DOCUMENT NUMBER: _____V31720_____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____Dwayne F. Jotch_____
(Name of Contact Person)

_____Stross Law Firm, P.A._____
(Firm/Company)

_____1801 Pepper Tree Drive_____
(Address)

_____Oldsmar   FL   34677_____
(City/State and Zip Code)

For further information concerning this matter, please call:

____Dwayne F. Jotch____ at (__813__) __852-6500_____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☒ $52.50 Filing Fee,
           Certificate of Status   Certified Copy   Certificate of Status &
                                 (Additional copy is   Certified Copy
                                   enclosed)   (Additional copy is
                                                         enclosed)

MAILING ADDRESS: **STREET ADDRESS:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

8075

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:

Gicconne-D-Amico, Inc.

SECOND: The document number of the corporation (if known): V31720

THIRD: The date dissolution was authorized: June 20, 2006

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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: _____ President

(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)

Anthony J. D'Amico
_____
(Typed or printed name of person signing)

President and Director
_____
(Title of person signing)

Filing Fee: $35