(Requestor's Name)	_
(Address)	_
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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03/23/09--01033--022 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: BONNERSS, INC.				
DOCUMENT NUMBER: <u>P0200009270</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DEBRA SIANO				
(Name of Contact Person)				
BONNERS 5, INC D/B/A Dollar Country (Firm/Company)				
P.O. Box 350257				
(Address)				
PAIM COUST F1 32135-0257				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DEBRA SIANO at (386) 864 1372				
(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 Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certificate of Status & Certified Copy  (Additional copy is enclosed)  (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section				
Division of Corporations  Amendment Section  Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301				

## **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:			
	Bonners 5, Inc.	<u> </u>	• •	
SECOND:	The document number of the corporation (if known): POQ 000	0092	<u>70</u>	
THIRD:	The date dissolution was authorized: $1-22-09$			
, ,	Effective date of dissolution if applicable: 2-10-09 (no more than 90 days after disso	olution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		•	
,	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for disso	olution	
	Dissolution was approved by the shareholders through voting groups	<b>3.</b>		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	Σ	1	
	The number of votes cast for dissolution was sufficient for approval by	OS KAR ECRET	ر دستار	
,		K23 TARY ASSE	in services	
•	(voting group)	OF STATE		
	Signature: (By a director, president or other officer - if directors or officers have not been selected			
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	y, by	,	
	(Typed or printed name of person signing)			
	President lowner			
	(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: BONNERS 5, INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. 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) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00.