

549447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

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(Business Entity Name)

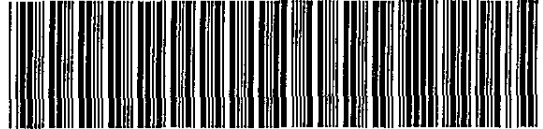
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SSP

U.S. Smith

JUN 03 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J & J Produce & Deli, Inc.

**DOCUMENT NUMBER:** J49447

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

Please return all correspondence concerning this matter to the following:

Mary Pullicino

(Name of Person)

(Name of Firm/Company)

5435 US Hwy 19

(Address)

New Port Richey, FL 34652

(City/State/and Zip Code)

For further information concerning this matter, please call:

Mary Pullicino

(Name of Person)

at ( 727 ) 848-5572

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

J & J Produce & Deli, Inc.

SECOND: The document number of the corporation (if known): J49447

THIRD: The date dissolution was authorized: May 24, 2005

Effective date of dissolution if applicable: May 31, 2005

(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 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 33<sup>rd</sup> day of MAY, 2005

Signature: Mary Pullicino

(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)

MARY PULLICINO

(Typed or printed name of person signing)

Mary Pullicino PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$35