

P00000029200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2011 JAN -3 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/03/11--01024--005 \*\*35.00

Diss. w/ Notice

TB 1-6-11

**COVER LETTER**

**TO:** Amendment Section

Division of Corporations

**SUBJECT: DISOLUTION OF COMPACT SNACK BOXES**

**DOCUMENT NUMBER: P00000029200**

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person) **RAYMOND F. SULLIVAN**

(Firm/Company) **COMPACT SNACK BOXES INC.**

(Address) **11763 OLD COURSE RD.**

**CANTONMENT, FLORIDA 32533**

For further information concerning this matter, please call:

at **(850)206 5601**

**RAYMOND F. SULLIVAN 850-206-5601**

Enclosed is a check for the following amount:

**xx \$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

## 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: **COMPACT SNACK BOXES INC.**

SECOND: The document number of the corporation **P00000028200**

THIRD: The date dissolution was authorized:  
**27 DECEMBER 2010**

FOURTH: Adoption of Dissolution (CHECK ONE)

**XXX** 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:*

Signature:



(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) (Title of person signing)

**RAYMOND F. SULLIVAN**

*officer*

**Filing Fee: \$35**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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:

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:

**COPY OF BILLINGS WHICH WERE NOT PAID, INCLUDING  
DATE OF RECEIPT BY THE CORPORATION WITH ITEMIZED  
COPY OF PAYMENTS AND UNPAID ITEMS.**

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

**11763 OLD COURSE RD  
CANTONMENT, FLORIDA 32533**

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.

Printed Name of the Person Filing Signature of the Person Filing

**RAYMOND F. SULLIVAN**

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