

POO 000065410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

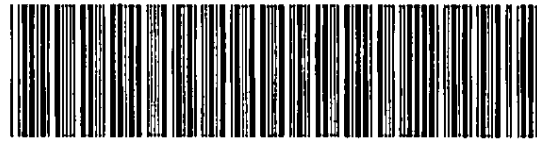
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/10/22--01008--018 ♦♦35.00

2022 AUG 10 AM 10:53

FILED

Notice of Corporate
Dissolution

SEP 15 2022
D CUSHING

Bivins & Hemenway, P.A.

Attorneys At Law

1060 Bloomingdale Avenue, Valrico, Florida 33596 • Office: 813-643-4900 • Fax: 813-643-4904

August 9, 2022

VIA FEDEX

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

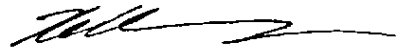
Re: Axel Enterprises, Inc.

Dear Sir or Madame:

Enclosed for filing is the original Notice of Corporate Dissolution, together with our firm check in the amount of \$35.00 for payment of the associated filing fee. The Articles of Dissolution were previously electronically filed on March 28, 2022, but did not include the accompanying notice.

Please file the enclosed Notice of Corporate Dissolution and return the "filed" copy to my attention in the enclosed self-addressed, postage prepaid envelope. In the meantime, please let me know if you have any questions regarding this filing.

Very truly yours,



Robert W. Bivins

RWB/emw
Enclosures

Email - AxelDissolutionTransl.tr toFlorida Department of State-Filing NicoiCorpDissolution 08-09-22

2022 AUG 10 AM 10:33

1001 0279

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: AXEL ENTERPRISES 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:

- (1) Claimant name, mailing address, telephone number, and facsimile number.
- (2) Description of the nature and amount of the claim, together with copies of invoices and other supporting documentation.
- _____
- _____


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

Axel Enterprises, Inc., Post-Dissolution Claims
c/o Bivins & Hemenway, P.A.
1060 Bloomingdale Avenue
Valrico, FL 33596

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.

Robert W. Bivins

Printed Name of the Person Filing



Signature of the Person Filing

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