

PO1000003628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

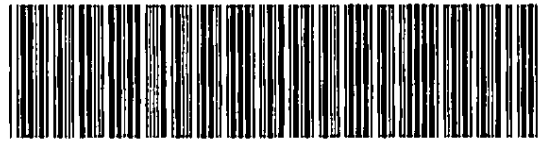
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/28

Office Use Only



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11/16/22--01012--012 **52.50

2023 FEB 28 PM 3:08
FALL RIVER, MA
FALL RIVER, MA

MAR 10 2023

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2023

BUNNIE STRAUB, INC.
PO BOX 207
BOCA RATON, FL 33429

SUBJECT: BUNNIE STRAUB, INC.
Ref. Number: P01000003638

We have received your document for BUNNIE STRAUB, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

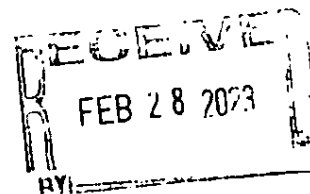
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 323A00003387



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: 01000003638

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

Please return all correspondence concerning this matter to the following:

BUNNIE STRAUB
(Name of Contact Person)

(Firm/Company)

P.O. Box 207
(Address)

BOCA RATON FL 33429
(City/State and Zip Code)

For further information concerning this matter, please call:

BUNNIE STRAUB at (561 417 3803)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address:

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

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:

BUNNIE STRAUB, INC.

SECOND: The document number of the corporation (if known): 0100000 3638

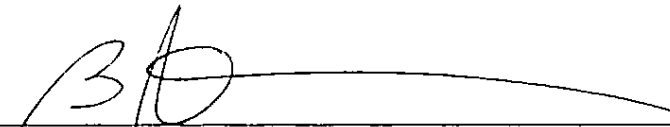
THIRD: The date dissolution was authorized: 8/16/2022

Effective date of dissolution if applicable: 9/30/2022
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

BUNNIE STRAUB, President

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)

BUNNIE STRAUB
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
TALLAHASSEE, FLORIDA

2023 FEB 28 PM 3:08

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: _____

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Voluntary

Mailing address where written 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.

2023 FEB 28 PM 3:08
FALL HARBOR, FLORIDA

BD
Printed Name of the Person Filing

BUNNIE STRAUB
Signature of the Person Filing

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