## P03000049110

í
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Wishout Williams

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of corpora	tion	
DOCUMENT NUMBER: P0300049	110	
The enclosed Articles of Dissolution and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Georgia Brooker		
(Name of Cont	act Person)	
Brookell's Deli & Restaurant, in	nc	
(Firm/Co	mpany)	
2460 Beacon Groves Blvd		
(Address)		
Palm Harbor, Florida. 34683		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
	at ( 727 ) 543-7996	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	e-rot	
(A	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: 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:		
	Brookell's Deli & Restaurant, inc		
SECOND:	The document number of the corporation (if known): P03000049110		
THIRD:	The date dissolution was authorized: 12112006		
	Effective date of dissolution if applicable: (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 east 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:		
	The number of votes cast for dissolution was sufficient for approval by  ARE		
	(voting group)  STATE ORIDA		
	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)		
	Georgia Brooker		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35