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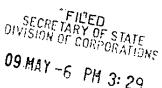
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSO (NTION OF BITES	S, INC.
DOCUMENT NUMBER: P04000954	(21
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:
CHARLES B. ROBERTSON	
(Name of Contact Person)	
BITES, INC.	
(Firm/Company)	
1710 E TRU BRONSON HighWAY	,
ST. Cloud, FL 34769 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (407) 7 (Area Code & I	09-0292
(Name of Contact Person) (Area Code & I	Daytime Telephone Number)
Enclosed is a check for the following amount:	
Stiling Fee Status Status Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	T ADDRESS:
• • • • • • • • • • • • • • • • • • • •	Iment Section on of Corporations
<u> </u>	Building
Tallahassee, FL 32314 2661 E	Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

TRST: The name of the corporation as currently filed with the Florida Department of State:		
	BITES, INC.	
SECOND:	The document number of the corporation (if known): Po400095 42/	
THIRD:	The file date of the articles of incorporation: 04 JUN 21	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
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.)		
	CHARLES B. ROBERTSON (Typed or printed name of person signing)	
	DIRECTOR/SECRETARY (Title of Person Signing)	
	(Title of Person Signing)	

Filing Fee: \$35