

PO50000016408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

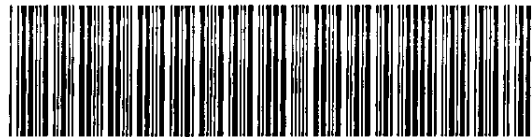
(Business Entity Name)

(Document Number)

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07 APR 30 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

T. Roberts APR 30 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2007

ANTONIA COMO  
CAFFE SEGESTA  
701 N. CONGRESS AVE  
BOYNTON BEACH, FL 33426

SUBJECT: CAFFE SEGESTA, INC.  
Ref. Number: P05000016408

We have received your document for CAFFE SEGESTA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 407A00025990

Division of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

RECEIVED  
07 APR 30 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** P05000016408

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

Please return all correspondence concerning this matter to the following:

ANTONIA COMO

(Name of Contact Person)

CAFFE SEGESTA

(Firm/Company)

701 N. CONGRESS AVENUE

(Address)

BOYNTON BEACH, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIA COMO

(Name of Contact Person)

at ( 561 ) 364-1700

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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  
Clifton Building  
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:

CAFFE SEGESTA, Inc.

SECOND: The document number of the corporation (if known): P05000016408

THIRD: The date dissolution was authorized: 12/31/06

Effective date of dissolution if applicable: 12/31/06  
(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 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:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: Antonio Comu

(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)

ANTON, A COMU

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
07 APR 30 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35