

P05 000056314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

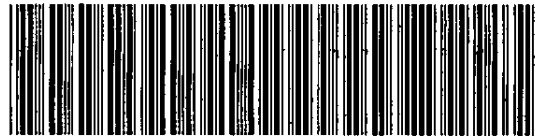
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09 OCT 30 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W/Notice

B. GONZALEZ NOV 06 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2009

DONALD M. SCHERZI
6156 DRAKE ST.
JUPITER, FL 33458

SUBJECT: ROMANA PIZZA INC.
Ref. Number: P05000056314

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 709A00033473

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF FLORIDA FOR-PROFIT CORP.

DOCUMENT NUMBER: P05000056314

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

Please return all correspondence concerning this matter to the following:

DONALD M. SCHERZI

(Name of Contact Person)

DONALD M. SCHERZI, CPA, CFP

(Firm/Company)

6156 DRAKE STREET

(Address)

JUPITER, FLORIDA 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD M. SCHERZI, CPA, CFP at (561) 746-1926

(Name of Contact Person)

(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:

ROMANA PIZZA INC.

SECOND: The document number of the corporation (if known): P05000056314

THIRD: The date dissolution was authorized: SEPTEMBER 30, 2009

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 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: Said Rachidi

(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)

SAID RACHIDI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
ALLAHACSSFE FLORIDA

09 OCT 30 PM 2:10

FILED

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: ROMANA PIZZA 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:

THIS NOTICE IS INTENDED TO ANY AND ALL PARTIES. ROMANA
PIZZA INC. HAS BEEN SOLD TO NEW OWNERS AND THE
CORPORATION IS NO LONGER IN BUSINESS AS OF
SEPTEMBER 11, 2009.

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

SAID RACHIDI, PRESIDENT

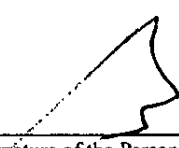
537 S SEQUOIA DR., #305

WEST PALM BEACH, FL 33409

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.

SAID RACHIDI

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