

POS000154893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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FILED
11 JUN 13 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 6-13-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2011

SUSAN WOOSLEY
LEBON CHOCOLATE
436 W. NEW YORK AVE
DELAND, FL 32720

SUBJECT: LE BON CHOCOLATE INC.
Ref. Number: P05000154893

We have received your document for LE BON CHOCOLATE 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.

Registered agent is not an acceptable signature.

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
Regulatory Specialist II

Letter Number: 211A00013703

RECEIVED

11 JUN 13 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I AM THE REGISTERED
AGENT AND TREASURER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: P05000154893

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

Please return all correspondence concerning this matter to the following:

SUSAN WOODSLEY
(Name of Contact Person)

LET BON CHOCOLATE
(Firm/Company)

436 W. NEW YORK AVE
(Address)

DAZAND, FL 32220
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN WOODSLEY at (386) 734-4341
(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:

FILED
11 JUN 13 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
LEBON CHOCOLATE INC.

SECOND: The document number of the corporation (if known): P05000154893

THIRD: The date dissolution was authorized: 3-18-11

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: _____

(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)

SUSAN C. WOOSTEN
(Typed or printed name of person signing)

(Title of person signing)

REGISTERED

AGENT / TREASURER

Filing Fee: \$35