

P06000042812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

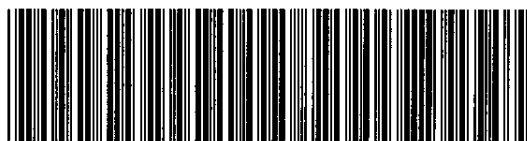
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/07--01011--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 OCT 31 PM 2:40

Ps 10/31
Dis/notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2007

SAM A LICCIARDI
215 N JEFFERSON AVE
CLEARWATER, FL 33755

SUBJECT: CHUCKLE SHIRTS, INC.
Ref. Number: P06000042812

We have received your document for CHUCKLE SHIRTS, 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):

Upon receipt, only the cover sheet was submitted. Please complete the enclosed form if you wish to dissolve your corporation.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 807A00061173

RECEIVED
2007 OCT 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of CHUCKLE SHIRTS, Inc

DOCUMENT NUMBER: REF # P06000042812

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

Please return all correspondence concerning this matter to the following:

SAM LICCIARDI

(Name of Contact Person)

CHUCKLE SHIRTS INC

(Firm/Company)

215 N. JEFFERSON AVE

(Address)

Clearwater FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

SAM LICCIARDI

(Name of Contact Person)

at (727) 644-4580

(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)

PAID

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

2007 OCT 31 PM 2:40

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:

Chuckle Shots, Inc.

SECOND: The document number of the corporation (if known): PO6600042812

THIRD: The date dissolution was authorized: 1 October 2007

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)

Sam A Lucciaro

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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: CHUCKLE SHIRTS, 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:

LETTER OF WHY CLAIM IS BEING
MADE. PROOF OF ANY FINANCIAL
TRANSACTION

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

SAM LICCIARDI
215 N. JEFFERSON AVE
CLEARWATER, FL
33755

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.

SAM LICCIARDI
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00