## 2000063552

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | idress)            |           |
| (Ad                                     | ldress)            |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nar  | ne)       |
| (Do                                     | ocument Number)    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

Office Use Only



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FILED

D8 JAN 28 AM ID: 29

SECRETARY OF STATE
SECRETARY OF STATE

VOLOS WIDTE

Q.

| Division of Corporations   | •   |
|--|---|
| SUBJECT: Dissolution   | · · · · · · · · · · · · · · · · · · ·   |
| DOCUMENT NUMBER: P07000  | 063552  |
| The enclosed Articles of Dissolution and fee ar                              | re submitted for filing.  |
| Please return all correspondence concerning this                             | s matter to the following:  |
| Sita Benson  |   |
| Sita Benson  BBE ENTERPRISES, 3  BENSON BALCOBIN EN  (Firm/Co                | DEAVOURS, INTERPRISES,  |
| 2620 BRIM WAY (Address   | ag)   |
| COOPER CITY, FLORIDI (City/State an  | ,   |
| (City/State an   | d Zip Code)   |
| For further information concerning this matter, p                            | please call:  |
| SITA BENSON  | at (954) 435-8277   |
| (Name of Contact Person)  Enclosed is a check for the following amount:      | (Area Code & Daytime Telephone Number)  |
| ,  | 42 75 FW P 0 F2 65 50 FW F  |
| Certificate of Status Co   | 43.75 Filing Fee & □ \$52.50 Filing Fee, ertified Copy dditional copy is nclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MATHING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building   |

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 St   | ate:                                   |
|----------|--|--|
|          | BBE ENTER PRISES, INC  |  |
| SECOND:  | The document number of the corporation (if known): PO 70006  | 3552                                   |
| THIRD:   | The file date the articles of incorporation: MAY 29, 2007  | - 0                                    |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   | 08 JAN 28 SECRETAR TALLAHAS            |
|          | None of the corporation's shares have been issued.   | N 28<br>ETARY<br>HASSI                 |
| ,        | The corporation has not commenced business.  | AM 10: 29<br>Y OF STATE<br>SEE. FLORIE |
| FIFTH:   | No debt of the corporation remains unpaid.   | 29<br>ORIDI                            |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. | d                                      |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)  |  |
|          | ☐ A majority of the incorporators authorized the dissolution.  |  |
|          | A majority of the directors authorized the dissolution.  |  |
|          |  |  |
|          |  |  |

(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.)

SITA BENSON
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

Signature:

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: BBE ENTERPRISES, 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:  |
| THE BUSINESS DID NOT COMMENCE. DUE TO A STROKE, I WAS UNABLE TO DO ANY BUSINESS.  |
|   |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  2620 BRIM WAY  |
| COOPER CITY FLORIDA 33026   |
| 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.        |
| SITA BENSON 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