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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Diss.
TB 5-8-09

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of State of Florida Business DOCUMENT NUMBER: P08000025844 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samuel Saglibene (Name of Contact Person) (Firm/Company) 502 S. Riverside Dr. (Address) New Smyrna Beach, Florida 32168 (City/State and Zip Code) For further information concerning this matter, please call: Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: **✓**\$35 Filing Fee **—**\$43.75 Filing Fee & **—**\$43.75 Filing Fee & **—**\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

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 State:
	Bene's Coffee Bar Inc.
SECOND:	The document number of the corporation (if known): P08000025844
THIRD:	The file date of the articles of incorporation: 02/01/2008
FOURTH:	(CHECK AT LEAST ONE BOX) [CHECK AT LEAST ONE BOX] [CHECK AT LEAST ONE BOX]
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Samuel Scalificia
_	(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.)
	Samuel Saglibne (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35