## P09000050248

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bı                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: Concelation of Comcast Contract The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) Lake worth FL 33463 (City/State and Zip Code) For further information concerning this matter, please call: at (561) 968-8591 (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 & Certificate of Status **Certified Copy Certified Copy** (Additional copy is (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS: Amendment Section** Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

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 Sta  | ıte:         |  |  |
|---------------------------------------|--|--------------|--|--|
|                                       | Cofe Ciao Bella, Inc.  |              |  |  |
| SECOND:                               | The document number of the corporation (if known): \$\frac{0.900050248}{0.900050248}\$   |              |  |  |
| THIRD:                                | The date dissolution was authorized:5/25\10  |              |  |  |
|                                       | Effective date of dissolution if applicable:  (no more than 90 days after dissolution file d   | ate)         |  |  |
| FOURTH:                               | Adoption of Dissolution (CHECK ONE)  |              |  |  |
|                                       | Dissolution was approved by the shareholders. The number of votes cast for d was sufficient for approval.  | lissolution  |  |  |
|                                       | Dissolution was approved by the shareholders through voting groups.  |              |  |  |
|                                       | The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve:  | ed           |  |  |
|                                       | The number of votes cast for dissolution was sufficient for approval by  |              |  |  |
|                                       |  | D secretifie |  |  |
| ;                                     | (voting group)   | O DIN PH F   |  |  |
|                                       | 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) | ₩: 53        |  |  |
| · · · · · · · · · · · · · · · · · · · | G US+ (Typed or printed name of person signing)  |              |  |  |
|                                       | 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: Cafe Ciao Bella, Inc.   |
| Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.                        |
| Description of information that must be included in a claim:   |
| Went out of buisness as of January 2010.   |
|  |
|  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Tose Sustant Perez  |
| 5662 Ithan Civ 8.  |
| Lake worth FL. 33463   |
| 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. |
| Took Gustavo Perez<br>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