

P09000054055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400161267874

10/05/09--01017--011 **43.75

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 OCT -5 PM 4:43

Ant Diss
CC
@ 10/6/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2009

CHIRAG PATEL
6579 LAKE CARLISLE BLVD.
ORLANDO, FL 32829

SUBJECT: DZ RESTAURANT INC
Ref. Number: P09000054055

We have received your document for DZ RESTAURANT INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00031295

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:

DZ RESTAURANT INC.

SECOND: The document number of the corporation (if known): P09000054055

THIRD: The file date of the articles of incorporation: 06/23/2009

FOURTH: (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.

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.)

DHAVAL ZAGDA

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
09 OCT -5 PM 4:43