# P130000000131

(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



900319811469

10/23/18--01008--020 \*\*43.75

ZUBOCI 23 PH 3: ú

EFFECTIVE DATE

AHDISSICUS WINOFICU

OCT 2 9 2018

.\_\_\_\_

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations SUBJECT: BONIEK TRUCKING, INC. P13000060731 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BOGDAN DEMBEK (Name of Contact Person) BONIEK TRUCKING, INC. (Firm/Company) 3030 CRENSHAW CT (Address) NEW PORT RICHEY, FL 34655-2107 (City/State and Zip Code) For further information concerning this matter, please call: **BOGDAN DEMBEK** (Name of Contact Person) (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 P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

# EFFECTIVE DATE

# 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 State: BONIEK TRUCKING, INC.				
SECOND:	P13000060731 The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: OCTOBER 10, 2018				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
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
		SECRE	2018 OC	71	
	(voting group)	13.33.5. Tu	123 PM 3: 4	LED	
	Signature: By a director, president or other officer - if directors or officers have not been selected		<b>69</b>	·	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciar that (iduciary)	y, by			
	BOGDAN DEMBEK				
	(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:\_\_\_BONIEK TRUCKING, 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: ANY AND ALL INFORMATION NECESSARY TO PROOF THE VALIDITY OF A CLAIM. Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations) BOGDAN DEMBEK, 3030 CRENSHAW CT, NEW PORT RICHEY, FL 34655-2107 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. **BOGDAN DEMBEK** Printed Name of the Person Filing Signature of the Person Filing