

P14000079028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

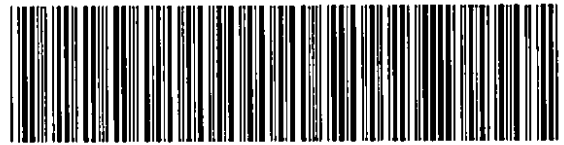
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700422226727

*dissolution with
notice*

01/30/24--01002--007 **\$5.00

FILED
2024 FEB -5 AM 9:04

A. RAMSEY

FEB 6 2024

RECEIVED
ALLAHASSEE, FLORIDA

2024 JAN 29 PM 4:14

00789, 9168, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2024

AIMAN KHALIL
SUZAN SNS INC.
1646 CROWDER ROAD
TALLAHASSEE, FL 32303

SUBJECT: SUZAN SNS INC.
Ref. Number: P14000079028

We have received your document for SUZAN SNS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 324A00001953

RECEIVED
2024 FEB -5 PM 1:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P14000079028

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIMAN KHALIL

(Name of Contact Person)

SUZAN SNS INC

(Firm/Company)

646 CROWDER ROAD

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

AIMAN KHALIL

at (850 -210-9291

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION

2024 FEB -5 AM 9: 04

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:
SUZAN SNS INC

SECOND: The document number of the corporation (if known): P14000079028

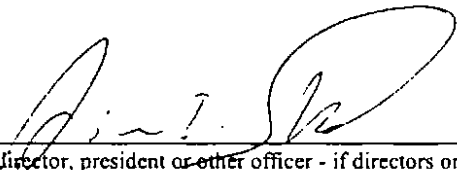
THIRD: The date dissolution was authorized: 12-18-2023

Effective date of dissolution if applicable: 12-18-2023

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

AIMAN KHALIL

(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: SUZAN SNS INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12-18-2023

(date filed with the Dept. if date specified in the Articles of Dissolution)

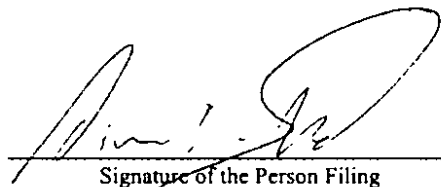
Description of information that must be included in a claim:

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

AIMAN KHALIL

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