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02/03/23--01024--003 **35.00



APR 12 2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: ______

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

Please return all correspondence concerning this matter to the following:

Jennifer D. Peshke, Esq.

(Name of Contact Person)

Law Offices of Jennifer D. Peshke, Esq.

(Firm/Company)

956 20th Street

(Address)

Vero Beach, Florida 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Henson (Paralegal)	(772) 563-3631 at (
(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

□ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) ☐ \$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 2023 FEB -3 PM 2 articles 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: JUST A BITE INC. OF THE TREASURE COAST

SECOND: The document number of the corporation (if known): January 23, 2023

THIRD: The date dissolution was authorized: __________January 31, 2023

Effective date of dissolution <u>if applicable</u>: (no more than 90 days after dissolution file date) <u>Note:</u> 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 liduciary, by that fiduciary) Janice C. Demko

(Typed or printed name of person signing)

President and Founder

(Title of person signing)

Notice of Corporate Dissolution

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This notice is submitted by the dissolved corporation named below for resolution of payment of the 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.

Just a Bite Inc. Of The Treasure Coast Name of Corporation:

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _________ January 31st 2023

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

Description of information that must be included in a claim:

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

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.

Sebastian J. DiMaio

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