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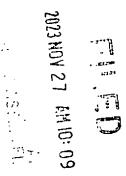
(Re	questor's Name)	
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(<u>(</u> ^i)	y/State/Zip/Phone	o #1)
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PICK-UP	WAIT	MAIL
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	,	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

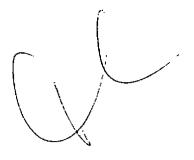




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11/28/25--015/9--015 ••***





COVER LETTER

TO: Amendment Section

Division	of Corporations			
SUBJECT: Dissol	ution			_
DOCUMENT NU	JMBER: P20000002877			
The enclosed Arti	cles of Dissolution and	fee are submitted for	filing.	
Please return all co	orrespondence concernin	ng this matter to the f	ollowing:	
Nancy Hoffman				
	(Name of	Contact Person)		2 023
Hoffman's Table, Inc			-	VON I
- · · · · · · · · · · · · · · · · · · ·	(Fin	m/Company)		27
1320 Old Dixie Hwy			(A) (C) (C)	2023 HOV 27 AM 10: 09
	(A	(ddress)		0:0
Titusville, FL 32796				9
	(City/Sta	ate and Zip Code)		_
For further inform	ation concerning this ma	itter, please call:		
Nancy Hoffman		at (⁽³²¹⁾ 848-87	794	
(Name o	of Contact Person)		de) (Daytime Telephone)	Vumber)
Enclosed is a chec	k for the following amou	int:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing F Certified Copy (Additional copy enclosed)	Certificate of Status	s &
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui	te 810

Taliahassee, FL 32303

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: Hoffman's Table, Inc					
SECOND:	D: The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized:					
	Effective date of dissolution if applicable: 11/30/2023 (no more than 90 days after dissolution file date)					
	(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 /ft 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)					
	Nancy Hoffman					
	(Typed or printed name of person signing)					
	V 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: Hoffman's Table, Inc The above named corporation is the subject of dissolution and the effective date of a dissolution is:		11/30/2023	
(date filed with the Dept. if date specified in the Articles of Dissolution)			
Description of information that must be included in a claim:			
	—-(, *	202	
	- 3 	1023 KOV	
	5.5.	27	
	<u>85</u> -	•	
	This contract		
	ار بخالت	e () :	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corpor	ations)	_	
1320 Old Dixie Hwy			
Titusville, FL 32796			
		-	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim	n is coi	mmenced	
within 4 years after the filing of this notice.			
Nancy Hoffman γ , γ , γ	0	_	
valicy Hormital	Lnew	/	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00