

P99000111869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

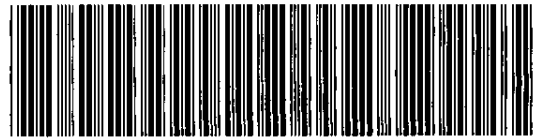
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188423173

12/14/10--01010--023 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -4 AM 10:48

FILED

Koldis
w/Notice
1/5/11
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2010

JOSEPH BENDIX
765 N. BEACH ST.
ORMOND BEACH, FL 32174

SUBJECT: FOODSERVICE SOFTWARE DEVELOPMENT, INC.
Ref. Number: P99000111869

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

The document must state either: (1) None of the corporation's shares have been issued OR (2) The corporation did not commence business.

IF YOU ARE CHOOSING TO THE FORM WITH STATUTE NUMBER 607.1401
~~OR~~ IF CHOOSING 607.1403, F.S., YOU MUST MAKE THE FOLLOWING
CORRECTION:

The document must state the date the dissolution was authorized.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 510A00029364

RECEIVED
11 JAN -1 PM 12:33
TALLAHASSEE
DIV. OF STATE
CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P99000111869

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

Please return all correspondence concerning this matter to the following:

Joseph Bendix

(Name of Contact Person)

(Firm/Company)

765 N. Beach Street

(Address)

Ormond Beach FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Bendix

(Name of Contact Person)

at (386) 846-5520

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input 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 checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

FoodService Software Development, Inc.

SECOND: The document number of the corporation (if known): P99000111869

THIRD: The date dissolution was authorized: 12/13/10

Effective date of dissolution if applicable: December 31, 2010

(no more than 90 days after dissolution file date)

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

(voting group)

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)

Joseph Bendix

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN - 4 AM 10:48

FILED

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: FoodService Software Development, 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:

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

Joseph Bendix

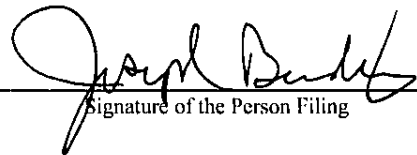
765 N. Beach Street

Ormond Beach, FL 32174

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.

Joseph Bendix

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