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(C	ity/State/Zip/Phone #)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
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(D	ocument Number)	/
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ABC PIZZA OF ChieFhand, INC.
DOCUMENT NUMBER: V 4/484
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Foropoulos (Name of Contact Person)
(Name of Contact Person) ABC PIZZA OF ChieFLAND, FNC (Firm/Company) P. D. Box 2315 (Address)
$P_{i} O_{i} B_{o} \times 2315$
(Address) ChieFhand, Fl, 32644 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
William Fotopoulos at (8/3) 996.2528 (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 enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION SECRETARY OF STATE OF CORPORATIONS

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subnate the 1020 fing articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	ABC PIZZA of ChieFhand INC.		
SECOND:	The document number of the corporation (if known): V 41484		
THIRD:	The date dissolution was authorized: 04-17-08		
	Effective date of dissolution <u>if applicable</u> : 04-17-08 (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)		
	William FOTO POULOS		
	(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. 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) 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. Person Filing