

P11000079290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

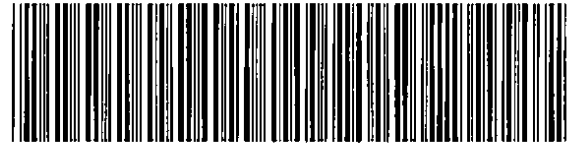
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/14/23---01009--004 **35.00

S. CHATHAM

JUN 28 2023

2023 APR 14 PM 2:27
S. CHATHAM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: PI1000079290

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

Please return all correspondence concerning this matter to the following:

Gina Knauer

(Name of Contact Person)

(Firm/Company)

275 Bayshore Blvd Unit 404

(Address)

Tampa Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Knauer

813-245-3717

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 & 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

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: 1001 Cass Street Liquors

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 04/10/2023
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Claimant's name and the name(s) of any authorized agent of decision-maker for claimant:

Claimant's current address and the address of the claimants legal counsel:

The asserted legal basis for the claim and any documentation on which the claim is based:

The total amount claimant is asserting, with a line-item breakdown of all claimed damages, etc.:

The date on which claimant asserts its claim against the company arose and the factual circumstances thereof.

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

c/o Gina Knauer

505 E Jackson St Ste 305-812

Tampa, Florida 33602

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.

Gina Knauer

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

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:
1001 CASS STREET LIQUORS

P11000079290

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

THIRD: The date dissolution was authorized: 04 / 10 / 2023

Effective date of dissolution if applicable: _____

(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.

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STATE OF FLORIDA
DEPARTMENT OF STATE

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)

Gina Knauer

(Typed or printed name of person signing)

D

(Title of person signing)

Filing Fee: \$35