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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Otato 2 lpt Hone #)
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SECRETARY OF STATEMENT SECRETARY OF CORPORATIONS
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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Kellie E. Tomeo, P.A.	
DOCUMENT NUMBER: <u>P01000098951</u>	
The enclosed Articles of Dissolution and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	to the following:
Kellie E. Tomeo	•
(Name of Contact Perso	on)
(Firm/Company)	
111 North Orange Avenue, 20th floo	or
(Address)	
Orlando, Florida 32801	
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	ıll:
Kellie E. Tomeo at (40	
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐ Certified C (Additiona enclosed)	Copy Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee FL 32314	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:

dissolution

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Kellie E. Tomeo, P.A.
SECOND:	The document number of the corporation (if known): P01000098951
THIRD:	The date dissolution was authorized: 12/31/06
	Effective date of dissolution if applicable: 12/31/06 (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 diss 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)
	<i>-</i> /
	Signature: (By a director, president or other officer -) f 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)
	Kellie E. Tomeo
	(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.

Name of Corporation: Kellie E. Tomeo, P.A.
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:
Nature of claim; proof of claim; proof documents; signed contract; invoices
•
<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
111 North Orange Avenue, 20th floor
Orlando, Florida 32801
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.
within 4 years after the fifting of this notice.
Kellie E. Tomeo

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

Printed Name of the Person Filing