## P03000049243

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	av			

Office Use Only



200171865762

03/22/10--01017--010 \*\*35.00

TABLATA OCCUPATION OF THE PARTY OF THE PARTY

AMDISS Whotice

## **COVER LETTER**

TO: Amendment Section		sent	3/14/10
Division of Corporations		sent \$ 35	ck #
SUBJECT: <u>11940 LUTION</u> 0	of 5-corp		_
DOCUMENT NUMBER: P030	000 49 243	3	_
The enclosed Articles of Dissolution and	fee are submitted for fi	ling.	
Please return all correspondence concerning	ng this matter to the fol	lowing:	
MARY L. MENI	DE5	·	
MARY L. MENT (Name of	Contact Person)		-
MARY L. MENDE	5, P.A. DBA m/Company)	The Family O	WORK?
PO BOX 122			_
(A	ddress)		
MERRICK NY (City/Sta	11566		_
′ (City/Sta	ite and Zip Code)		
For further information concerning this ma	tter, please call:		
Mary MENDES (Name of Contact Person)	at ( <u>407</u> ) (Area Code	408-3254 & Daytime Telephone Nu	mber)
Enclosed is a check for the following amou	int:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		<b>&amp;</b>
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Di Cli	REET ADDRESS: nendment Section vision of Corporations ifton Building 61 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 States	
	MARY L. MENDES P.A.	
SECOND:	The document number of the corporation (if known): Po 30000 4924	3
THIRD:	The file date of the articles of incorporation: MAY Z 2003	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	10 I
	A majority of the incorporators authorized the dissolution.	駅 22
	A majority of the directors authorized the dissolution.	10 MAR 22 PM 12: 52
Signa	ature: Munimber	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	- if
	MARY L. MENDES P.A.  (Typed or printed name of person signing)	
	PRES 1DENT (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: Mary L. Mendes,	PA
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	
Description of information that must be included in a claim:	
Dates of Genuice	
Mailing address where claims can be sent: (Claims cannot be sent to	o the Division of Corporations)
PO Box 122	
10 Box 122 Merrick, NY 1156	.6
	<del> </del>
	· · · · · · · · · · · · · · · · · · ·
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
Mary L. Mandes	Mullendes
Printed Name of the Person Filing	Signature of the Person Filing