P13DDD02594

(Req	uestor's Name)	<u></u>
(Add	ress)	
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(City.	/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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12/29/14--01003--013 **35.00



AND DISSTICE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Articles of Dissolution for L	aw Office of Shach	ar Spiegel, P.A.
DOCUMENT NUMBER: P130000	25696	
The enclosed Articles of Dissolution and to	fee are submitted for	filing.
Please return all correspondence concernin	g this matter to the f	following:
Shachar D. Spiegel	Contact Person)	
(Name of	Contact Ferson)	
Law Office of Shachar Spiegel, P.A		
(Fir	m/Company)	
7827 Granville Drive		
	ddress)	
Tamarac, FL 33321		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Shachar D. Spiegel	at (904)	-8571477
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:	
★ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	_	Certificate of Status &
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



December 31, 2014

SHACHAR D. SPIEGEL LAW OFFICE OF SHACHAR SPIEGEL, P.A. 7827 GRANVILLE DRIVE TAMARAC, FL 33321

SUBJECT: LAW OFFICE OF SHACHAR SPIEGEL, P.A.

Ref. Number: P13000025696

We have received your document for LAW OFFICE OF SHACHAR SPIEGEL, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 414A00027526

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 Law Office of Shachar D. Spiege.	of State:		
SECOND:	The document number of the corporation (if known): P13000025696			
THIRD:	The date dissolution was authorized: 09/07/2014			
	Effective date of dissolution <u>if applicable</u> : 09/07/2014			
	(no more than 90 days after dissolution	n file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissolution		
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by	2015 JAN 20 1		
	(voting group)	SEE SEE		
	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)	AM 8: 37		
	Shachar D. Spiegel			
	(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: Law Office of Shachar Spiegel, 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:

Name of the person filing the claim, including, but not limited to, phone number, fax number, mailing address, physical address. name of company, corporation or any and all other entity the claim is being filed under, the name of the legal representative, including their phone number, fax number, and address.

Additionally, any claim shall contain the dates and times applicable to the involvement with the Law Office of Shachar D. Spiegel, P.A.

Any and all information relating to the claim.

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

Law Office of Shachar Spiegel, P.A.
c/o Shachar D. Spiegel, Esquire
7827 Granville Drive
Tamarac, Florida 33321

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.

Shachar D. Spiegel

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