

P10000051669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

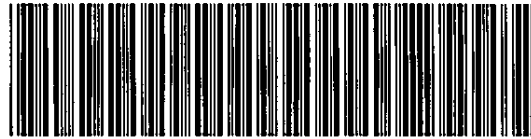
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600290297296

09/26/16--01029--023 **35.00

S. TALLENT

SEP 29 2016

16 SEP 26 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice
of
Dissolution

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Re-sending of Notice of Dissolution for Assemble, Inc. (original filing in Jan. '16 not reflecting)

DOCUMENT NUMBER: P10000051669

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

Please return all correspondence concerning this matter to the following:

Christian Panagakos, Esquire

(Name of Contact Person)

Florida Bankruptcy Advisors, P.L.

(Firm/Company)

120 E. Oakland Park Blvd., Suite #207

(Address)

Fort Lauderdale, FL

33334-1109

(City/State and Zip Code)

For further information concerning this matter, please call:

Christian Panagakos

at (954) 600-8990

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Assemble, Inc.

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 Claimant, Address of Claimant, Account Number, Amount of Claim, Date of Debt, Nature of Debt, a

Supporting Documentation

FILED
16 SEP 26 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Assemble, Inc.

c/o Adriana Harrison

4060 NW 101 Drive

Coral Springs, FL 33065-1571

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.

Christian Panagakos, Florida Bankruptcy Advisors, Managing Attorney

Printed Name of the Person Filing

C. Panagakos, Managing Attorney
Signature of the Person Filing

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