

304429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

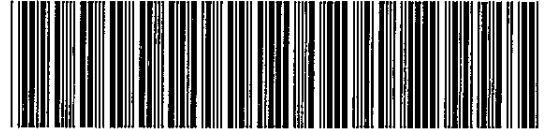
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500049443235

04/04/05--01001--019 \*\*43.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR - 1 PM 4:36

FILED

05 APR - 1 PM 4:17

RECEIVED

*Noted*  
C. Coulliette APR 04 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cowen Holdings, Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

William H. Hughes, III

(Name of Person)

Pennington Law Firm

(Name of Firm/Company)

215 S. Monroe St., 2nd Floor

(Address)

Tallahassee, FL 32301

(City/State/and Zip Code)

For further information concerning this matter, please call:

William H. Hughes III

(Name of Person)

at ( 850 ) 222-3533

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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: Cowen Holdings, 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:

1. Name and address of Claimant.
2. Description of event or contract upon which the claim is based.
3. Date of the event upon which the claim is based.
4. The amount claimed.
5. Calculation of amount claimed.

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

William H. Hughes III  
Pennintgon, Moore, Wilkinson, Bell & Dunbar, P.A.  
215 South Monroe Street, 2nd Floor  
Tallahassee, FL 32301

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.

William H. Hughes III, Attorney for Cowen Holdings, Inc.

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**

FILED  
05 APR - 1 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301