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01/04/24--01028--023 **43.75



COVER LETTER

TO: Amendment Section **Division of Corporations**

CLIDICOP	issolution of Stripling &	E Stripling PA	
DOCUMENT NUMBI	549820 E R :		
The enclosed Articles of	f Dissolution and fe	ce are submitted for filing	
Please return all corresp	ondence concerning	this matter to the follow	ing:
Robert O. Stripling, Jr.			
	(Name of (Contact Person)	·
Stripling & Stripling, PA			
	(Firm	n/Company)	
P.O. Box 6019		_	
<u> </u>	(Ac	ddress)	
Gainesville, Fl 32627			
	(City/Star	te and Zip Code)	
For further information	concerning this mat	ter, please call:	
Robert O. Stripling, Jr.		at (ce), 352-283-5885 (cell)
(Name of Co	ntact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for	the following amou	nt:	
=	43.75 Filing Fee & ertificate 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:		Stree	t Address:

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Amendment Section



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 of State: Stripling & Stripling, PA
SECOND:	The document number of the corporation (if known):
ГНIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: Dec. 31, 2023
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
5	Signature: (By a director, president or other officer - if directors for officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Robert O. Stripting, Jr,
	(Typed or printed name of person signing)
	President, Stripling & Stripling, PA
	(Title of person signing)

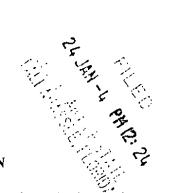
Filing Fee: \$35

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	(Name of t	Contact Person)	
Stripling & Stripling, PA			
	(Firm	n/Company)	·
P.O. Box 6019			
	(Ad	ddress)	, , , , , , , , , , , , , , , , , , ,
Gainesville, Fl 32627			
	(City/Sta	te and Zip Code)	, . .
For further information c	oncerning this mat	ter, please call:	
Robert O. Stripling, Jr.		352-376-8888 (offi	ice), 352-283-5885 (cell)
(Name of Con	tact Person)		(Daytime Telephone Number)
Enclosed is a check for the	he following amou	nt:	
= '	3.75 Filing Fee & tificate 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:		Stree	t Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
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	Robert O. Stripling, Jr.
•	(Typed or printed name of person signing)
	President, Stripling & Stripling, PA
·	(Title of person signing)

Filing Fee: \$35