600263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

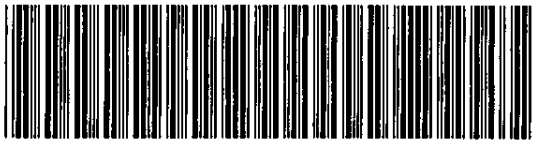
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2007 JAN 19 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Corporate Dissolution.

**DOCUMENT NUMBER:** 600263

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

Please return all correspondence concerning this matter to the following:

Alfred Rosenthal
(Name of Contact Person)

Adams Rosenthal + Cohen PA
(Firm/Company)

Bx 81-3819
(Address)

Hollywood FL 33081-3819
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfred Rosenthal at (954) 2490850
(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

# 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 State:

Adams, Rosenthal and Cohen, P.A.

SECOND: The document number of the corporation (if known): 600263

THIRD: The file date of the articles of incorporation: 01/11/67

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.

SIXTH: 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)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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TALLAHASSEE, FLORIDA

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.)

Alfred Rosenthal

(Typed or printed name of person signing)

PSTD

(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: Adams, Rosenthal and Cohen, 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:

Only matters addressed to Adams Rosenthal & Cohen PA

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

PO Box 81-3819

Hollywood FL 33081-3819

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TALLAHASSEE, FLORIDA

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.

Alfred Rosenthal
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**