604088

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(Address)
(Address)
,
(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of W. Kelly Smith,	P.A.
DOCUMENT NUMBER: 604088	
The enclosed Articles of Dissolution and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
W. Kelly Smith	
(Name of Contact Pe	rson)
Smith Mackinnon, PA	
(Firm/Company	<i>(</i>)
P.O. Box 2254	
(Address)	
Orlando, FL 32802-2254	·
(City/State and Zip	Code)
For further information concerning this matter, please	call:
W. Kelly Smith, P.A. at (407
	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate	nal copy is Certified Copy
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 607.1403, 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:				
	W. Kelly Smith, P.A.				
SECOND:	The document number of the corporation (if known): 604088				
THIRD:	The date dissolution was authorized: December 23, 2008				
	Effective date of dissolution <u>if applicable</u> : December 31, 2008 (no more than 90 days after dissolution file date)				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
•	Dissolution was approved by the shareholders. The number of votes easwas sufficient for approval.	st for dissolu	ition		
	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:	حق ہے کے	. The said		
	The number of votes cast for dissolution was sufficient for approval by	DEC 29 CRETAIN	emenie Senerale Sener		
	100% approval (only one shareholder)	AM 10: 31 Y OF STAT EE, FLORI			
	(voting group)	J: 31 STATE LORIDA			
	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)				
	W. Kelly Smith (Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35