# 604668

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED

2008 APR -7 PM I2: 19

SECRETAIN OF STATE

AJR 4/11/08

## **COVER LETTER**

* <b>FO:</b> Amendment Section  Division of Corporations	
:	
SUBJECT: Corporate Dissolution	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joden Nauch Personal Representative of Estate (Name of Contact Person)	
G. Lichael Nauert M.O.p.a. (Firm/Company)	
2925 Keystone Rd (Address)	
(Address)	
Tarpon Springs FL 34689 (City/State and Zip Code)	,
For further information concerning this matter, please call:	
Jobell Naurk at (813) 977-6176  (Name of Contact Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount:	
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$52.50}\$ Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit following articles 2008 APR -7 of dissolution: The name of the corporation as currently filed with the Flori FIRST: The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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 east for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by 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) (Typed or printed name of person signing)

ARTICLES OF DISSOLUTION

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims gainst 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: G. Michael Nauert M.D.P.A.	
Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.	
Description of information that must be included in a claim:	
Co. Michael Naucit has passed Away.	_
	_
	_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
3401 4th Street N ST. Pete, FL 3468	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commend within 4 years after the filing of this notice.	:ec
To Dell Nauct  Printed Name of the Person Filing  Signature of the Person Filing	

attention: Linda

## IN THE CIRCUIT COURT OF PINELLAS COUNTY, FLORIDA PROBATE DIVISION

File Number 07-4342E53 Division Number

IN RE:

ESTATE OF GEORGE MICHAEL NAUERT Deceased.

#### LETTERS OF ADMINISTRATION

(single personal representative)

## TO ALL WHOM IT MAY CONCERN

WHEREAS, GEORGE MICHAEL NAUERT, a resident of Pinellas County, Florida died on April 27, 2007, owning assets in the State of Florida, and

WHEREAS, JODELL NAUERT has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned circuit judge, declare JODELL NAUERT duly qualified under the laws of the State of Florida to act as personal representative of the estate of GEORGE MICHAEL NAUERT, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on

2007

Circuit Court Judge

STATE OF FLORIDA, PINELLAS COUNTY thereby certify that the foregoing is a true photostatic copy as the same appears among the files and records of this cour and the same is in full force and effect.

and the same is in full force and enter

Deputy Clerk