F44799

(Requestor's Name)
(Address)
(Address)
(\u001655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Entire Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

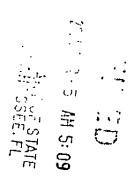
Special Instructions to Filing Officer:

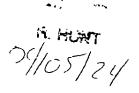
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corpo	orations					
SUBJECT:	Dissolu	ction o	of cor	poration	20	
DOCUMENT NUMBER:	_ F40	4799				
The enclosed Articles of Di	ssolution and f	ee are subm	itted for filing	;.		
Please return all correspond	ence concerning	g this matter	to the follow	ing:		
	<u>n es R</u> , (Name of e	Dir mæ Contact Pers	<u>00</u>			
Т.		D: .	PA	· 		
	<i>mes R.</i> (Fim	n/Company)	<u>na, 1.74.</u>)	<u> </u>		
1851	(Firm Cottonu (A	wood 7	Trail	ن ن ب		, 14 g-1864
	(A	ddress)		•	<u> </u>	E _{NoR}
Saras	SOTA, F	: 4 30	1232	•	H 9	
	City/Sta	te and Zip C	Code)			
For further information cond	cerning this mat	tter, please o	all:			
James R. D (Name of Contact	reson)	at (94/) Area Code &	3 50 - 12 Daytime Telep	99 hone Num	hber)
Enclosed is a check for the f	following amou	nt:				
\$35 Filing Fee \$43.7 Certific	5 Filing Fee & cate of Status	S43.75 Certified (Addition enclosed	Copy al copy is	S52.50 Fili Certificate o Certified Co (Additional of enclosed)	f Status & py	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Addre Amendment S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section forporations Tallahassee roe Street, Suit	e 810	

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: James R. Dir	mann, P.A.				
The above named corporation is the subject of dissolution and	the effective date of a dissolution is:				
April 1, 2024 (date filed with the Dept. if date special					
(date filed with the Dept. if date special	fied in the Articles of Dissolution)				
Description of information that must be included in a claim:					
_N /A					
	- ? - ? 				
	17 di				
	EFS S				
Mailing address where written claims can be sent: (Claims can	not be sent to the Division of Gornorations)				
1851 Cottonwood Trail					
1851 Cottonwood Trail Sarasota, FL 34232					
A claim against the above named corporation will be barred un within 4 years after the filing of this notice.	less a proceeding to enforce the claim is commenced				
James R. Dirmann Printed Name of the Person Filing	_ fames _ chmann				
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

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 Departmen	t of Stat	te:	
	James R. Dirmann, P.A.			
SECOND:	The document number of the corporation (if known): F-44799			
THIRD:	The file date of the articles of incorporation: April 1, 202	4		
FOURTH:	None of the corporation's shares have been issued.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up, if any, have b to the shareholders, if shares were issued.	een dist	ributed	d
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.			
Sign	(By director president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	іпсогрога	tor - if	
	Tames R. Dirmann (Typed or printed name of person signing)	_		
	President (Title of Person Signing) Filing Fee: \$35		2691 - 2 - 5	•
	rung ree: 533	SSEE, F	AH 5:	