G11220

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF CORPORATIONS

SECRETARY OF CORPORATIONS

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NOTICE OF DISS (10) 2/8/13

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Notice of Corporate	Dissolution (filed separate from Articles Dissolution)		
	4		
Notice of Corporate Dissolution	226		
Notice of Corporate Dissolution	on Salaman kariwa I can cira		
The enclosed Articles of Dissolution and f	ee are submitted for fiffing.		
Please return all correspondence concerning	g this matter to the following:		
blan Sladen			
John S. Lodge (Name of Contact Person)			
(Name of Contact Person)			
The Law Source The			
The Law Source, Inc. (Firm/Company)			
alternate address'			
Gainesville FL 32606 Gainesville FL 32633 (City/State and Zip Code)			
(A	dress)		
Gainesville FL 32606 Gainesville FL 32633			
(City/Sta	te and Zip Code)		
For further information concerning this ma			
To the same that	iio, pioaso caii.		
Name of Contact Person) at (352) 665 - 0673 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
England is a shock for the following amou	mt.		
Enclosed is a check for the following amou	nt:		
 ■ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee,		
Certificate of Status	Certified Copy Certificate of Status &		
	(Additional copy is Certified Copy		
	enclosed) (Additional copy is		
	enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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: The Law Source Inc.
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:
· Name of the claimant and address and telephone number;
· Basis of the daim (contract, etc.), date claim accounted;
any written support for the claim
· Reason claim was not asserted prior to corporate dissolution
· Amount of the dain
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) The Law Source, Inc.
<u>clo John S. Lodge</u>
6710 N.W. 53rd Terrace
Gainesville FL 32653
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.
John S. Lodge Printed Name of the Person Filing Signature of the Person Filing
Annual Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00