

659689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

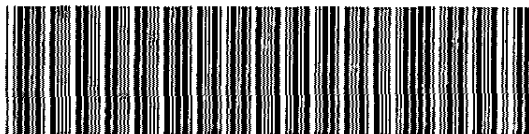
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/15/05

DISS.

SP

HAROLD S. WILSON, P.A.

Attorney at Law

~~18514 U.S. Hwy 19 North~~

~~Suite E~~

Clearwater, FL 33764

Telephone: (727) 524-3427

1956 Cove Lane

Jan. 27, 2005

Division of Corporations

P. O. Box 6850

Tallahassee, FL 32314

Dear Sir:

This is to inform you that I have closed my business as of December 30, 2004.

D/B/A Harold S. Wilson, P.A.

1956 Cove Lane

Clearwater, FL 33764

FEI No. 59-2318948

I request dissolution of Harold S. Wilson, P.A. as of that date. If you require further information, please contact me at the above address.

Yours truly,



HAROLD S. WILSON

RECEIVED

05 FEB -1 AM 11:07

DIVISION OF CORPORATIONS

cc: HSW/mw

Internal Revenue Service
Atlanta, GA 39901



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 3, 2005

Harold S. Wilson, P.A.
1956 Cove Lane
Clearwater, FL 33764

SUBJECT: HAROLD S. WILSON, P.A.
Ref. Number: G59689

Per your recent letter enclosed is information on voluntarily dissolving the subject corporation.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 405A00007821

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harold S. Wilson, P.A.

DOCUMENT NUMBER: G59689

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

Please return all correspondence concerning this matter to the following:

Harold S. Wilson

(Name of Person)

Harold S. Wilson, P.A.

(Name of Firm/Company)

1956 Cove Lane

(Address)

Clearwater, FL 33764

(City/State/and Zip Code)

For further information concerning this matter, please call:

Harold S. Wilson

(Name of Person)

at (727)

531-1926

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

HAROLD S. WILSON, P.A.

SECOND: The document number of the corporation (if known): G59689

THIRD: The date dissolution was authorized: Dec. 31, 2004

Effective date of dissolution if applicable: Dec. 31, 2004
(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 cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of 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

(voting group)

Signed this 8th day of February, 2005

Signature: Harold S. Wilson

(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)

Harold S. Wilson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA