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(Reque	stor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filin	a Officer		
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Not. of Corp. diss.



ACCOUNT NO. : 072100000032

REFERENCE : 922980 4312909

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 12, 2004

ORDER TIME : 10:36 AM

ORDER NO. : 922980-005

CUSTOMER NO: 4312909

CUSTOMER: Ms. Charlotte Darling

Gunster, Yoakley & Stewart,

Suite 500 E.

777 S. Flagler Dr.

W. Palm Beach, FL 33401-6194

DOMESTIC_FILINGS

NAME: COMPTON & ASSOCIATES, PA

XX NOTICE OF CORPORATE DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER'S INITIALS:

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 Corpor	ation: Compton & Associates, PA	
	on will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.	04 OCT SECRETA
Description of in	nformation that must be included in a claim:	SSEEL PAINT OF SSEEL PAINT OF SAME OF SEEL PAINT OF SEEL P
Name of C	laimant	<u> </u>
Descripti	on of Claim	13
Amount of	Claim	
Date of C	laim	
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations Lisa A. Schneider, Esq.)
-		•
-	Gunster, Yoakley & Stewart, P.A.	
-	777 South Flagler Drive, Suite 500 East	-
-	West Palm Beach, FL 33401	

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

is commenced within 4 years after the filing of this notice.

Kimberley C. Wes tott Frinted Name of the Person Filing

A claim against the above named corporation will be barred unless a proceeding to enforce the claim

Signature of the Person Filing