## H62425

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
Techler and Associates, Inc.  SUBJECT:	· · · · · · · · · · · · · · · · · · ·	
H62425		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fi	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Jerrold E. Słutzky		
(Name of Slutzky Law Firm	Contact Person)	
(Firm 853 Main Street, Suite A	n/Company)	
Safety Harbor, FL 34695	ddress)	
(City/Sta	ite and Zip Code)	
For further information concerning this mat	tter, please call:	
Jerrold E. Slutzky	727-475-6200 at (	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number	)
Enclosed is a check for the following amou	int:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	\$\ \begin{align*} \\$43.75 \ \text{Filing Fee & } \ \ \text{Certified Copy} \ \text{Certified Copy is enclosed)} \end{align*}  \text{Certified Copy is enclosed)}  \text{(Additional copy is enclosed)} \end{align*}	
Mailing Address: Amendment Section	Street Address: Amendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FIRST: The name of the corporation as currently filed with the Florida Department of State: Techler and Associates, Inc. H62425 SECOND: The document number of the corporation (if known): December 20, 2019 THIRD: The date dissolution was authorized: December 23, 2019 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 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) 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) Melinda R, Techler (Typed or printed name of person signing) President

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles

of dissolution:

Filing Fee: \$35

(Title of person signing)

## **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. Techler and Associates, Inc. Name of Corporation: 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: Description of the claim including any written documentation, invoices, emails, correspondences, and the amount alleged to be owed. Any claim must arise out of an incident occurring or contractual relationship executed and performed prior to December 23, 2019. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Melinda R. Techler 77 Van Ness Avenue #608 San Francisco, CA 94102 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. Melinda R. Techler, President Printed Name of the Person Filing