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TERRY A. HYMAN CPA

MEMBER FLORIDA INSTITUTE OF CPA'S KENTUCKY SOCIETY OF CPA'S AMERICAN INSTITUTE OF CPA'S

TERRY A. HYMAN CPA PROFESSIONAL ASSOCIATION 1515 South ORLANDO AVENUE Maitland, Florida 32751

(407) 740-7704

PAGER AND VOICE MAIL (407) 769-7040

FACSIMILE (407) 539-0829

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
TERRY A. HYMAN	
(Name of	Contact Person)
TERRY A. HYMAN CPA, P.A.	
(Fire	n/Company)
250 WHITE OAK CIRCLE	
(A	ddress)
MAITLAND, FL 32751	
(City/Sta	te and Zip Code)
For further information concerning this ma	tter, please call:
TERRY A. HYMAN	at (at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  Certified Copy (Additional copy is enclosed)  ☐ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

mailed 12/18/19 - CERT MAIL &

7018 3090 0000 5869 9203

of dissoluti	on:				
FIRST:	The name of the corporation as currently filed with the Florida Department of State: TERRY A. HYMAN CPA, P.A.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: 11:59 PM - DECEMBER 31, 2019				
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 was sufficient for approval.	or dissolution			
	□Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group e to yote separately on the plan to dissolve:	ntitled			
	The number of votes east for dissolution was sufficient for approval by	7618			
	NOT APPLICABLE				
	(voting group)	23			
		<u>الْهُ :</u> 0			
	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)	5 <u>/</u> 19			
	TERRY A. HYMAN				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

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

Filing Fee: \$35

## **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.

TERRY A. HYMAN CPA, P.A. ame of Corporation:
rate of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.
escription of information that must be included in a claim:
LAIMANT'S LEGAL NAME, STREET ADDRESS. MAILING ADDRESS, TELEPHONE NUMBER
CLAIMANT IS NOT AN INDIVIDUAL, PROVIDE THE ENTITY'S FORMAL CERTIFIED WRITTEN AUTHORIZA Tion
O ESTABLISH THAT THE PERSON ACTING AS CLAIMANT/ AGENT IS LEGALLY AUTHORIZED TO REPRESEN
HE CLAIMANT.
failing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
50 WHITE OAK CIRCLE - MAITLAND FL - ATTN: TERRY A. HYMAN, PRESIDENT
claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced ithin 4 years after the filing of this notice.
Printed Name of the Person Filing  Printed Name of the Person Filing
Printed Name of the Person Filing Signature of the Person Filing 1418/19