

K37543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

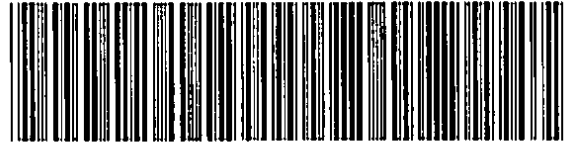
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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JUL 19 2021

D. O'CONNELL

LAW OFFICE OF KENNETH J. ISAACSON PLLC
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KEN@KJISAACSONLAW.COM
FLORIDA BAR No. 1020508

April 20, 2021

VIA PRIORITY MAIL

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Dissolution of Glass Vision Associates, P.A.
Document No. K37543

Dear Sir or Madam:

I represent Glass Vision Associates, P.A. (the "Corporation"). I am enclosing an original and one copy of the following documents:

1. Articles of Dissolution of the Corporation; and
2. Notice of Corporate Dissolution.

I am also enclosing my check in the amount of \$35.00, the required filing fee.

Please file the originals and return a stamped copy in the postage-paid envelope I have included.

Thank you.

Sincerely,

LAW OFFICE OF KENNETH J. ISAACSON PLLC

By: 
Kenneth J. Isaacson

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 Florida Department of State:
GLASS VISION ASSOCIATES, P.A.

SECOND: The document number of the corporation (if known): K37543

THIRD: The date dissolution was authorized: April 15, 2021

Effective date of dissolution if applicable: April 15, 2021
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

Marcia Glass

(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)

MARCIA GLASS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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.

Name of Corporation: GLASS VISION ASSOCIATES, P.A.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: April 15, 2021

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

ALL CLAIMS MUST BE IN WRITING

Nature of claim

Date claim arose, and Amount of claim

Claimant's name, address, and telephone number

Description of documents evidencing claim

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Marcia & Stuart Glass

5063 Surfside Circle

Lakewood Ranch FL 34211

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.

MARCIA GLASS

Printed Name of the Person Filing

Marcia Glass

Signature of the Person Filing

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