Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: DEAN, MEAD, EGERTON, BLOODWORTH Account Name

Account Number : 076077001702

Phone Fax Number : (407) 841-1200 (407)423-1831

DISSOLUTION OR WITHDRAWAL

HOMRICH & MICOCCI, P.A., CERTIFIED PUBLIC ACCOUNTANT

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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12/23/2011

## ARTICLES OF DISSOLUTION

Pursuant to section 607, 1403, Florida Statutes,	this Florida profit	corporation sub-	mits the following	g articles
of dissolution.				

FIRST:	The name of the corporation as currently filed with the Florida Departme	nt of State:	
	Homrich & Micocci, P.A., Certified Public Accountant	ts	
SECOND:	The document number of the corporation (if known): L34643		
THIRD:	The date dissolution was authorized: 07/08/2011	· · · · · · · · · · · · · · · · · · ·	
	Effective date of dissolution if applicable: 12/31/2011  (no more than 90 days after dissolution)	ution file data)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	ast for dissolu	utio
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by	DEC 23	The second
	(voting group)	Supply of the su	7
S	Signature:  (By a director, president or other officer - if directors or officers have/not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)	lent	
	Diane M. Homrich		
•	(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 against this corporation as provided in s. 607.1407, F.S.	of unknown claims
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary	y dissolution.
Name of Corporation: Homrich & Micocci, P.A., Certified Public Accounts	ants
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:	
Name and Address of Claimant	
Amount of Claim	
Basis of Claim	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporat	tions)
1640 Oakhurst Ave.	
Winter Park, FL 32789	
<u> </u>	
A claim against the above named corporation will be barred unless a proceeding to enforce the within 4 years after the filing of this notice.	e claim is commenced
Dec -	than in
Diane M. Homrich  Printed Name of the Person Filing  Signature of the Person Filing	Thomas Ling
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00