

L38947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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13 DEC 26 PM 3:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 26 2013
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID K. BROWN, P.A.

DOCUMENT NUMBER: L38947

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Also enclosed to be filed with the **Articles of Dissolution** is a Section 607.1407, Florida Statutes, **Notice of Corporate Dissolution**.

Please return all correspondence concerning this matter to the following:

DAVID K BROWN

(Name of Contact Person)

(Firm/Company)

4994 NORTH CITATION DRIVE APT #204

(Address)

DELRAY BEACH, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID K BROWN

(Name of Contact Person)

at (**954**) **983-2121**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

DAVID K. BROWN, P.A.

SECOND: The document number of the corporation (if known): L38947

THIRD: The date dissolution was authorized: DECEMBER 20, 2013

Effective date of dissolution if applicable: DECEMBER 31, 2013
(no more than 90 days after dissolution file date)

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)

DAVID K. BROWN

(Typed or printed name of person signing)

PRESIDENT; SOLE DIRECTOR AND SOLE STOCKHOLDER

(Title of person signing)

Filing Fee: \$35

FILED
13 DEC 26 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DAVID K. BROWN, P.A.

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:

ALL INFORMATION AND DOCUMENTATION AS REQUIRED BY CHAPTERS 607 AND 621, FLORIDA
STATUTES, INCLUDING, BUT NOT LIMITED TO, SECTIONS 607.1406 AND 607.1407, FLORIDA STATUTES.
ADDITIONALLY, CLAIMANT MUST SUBMIT COMPLETE INFORMATION AND DOCUMENTATION REGARDING THE CLAIM, INCLUDING,
BUT NOT LIMITED TO, THE CLAIMANT'S FULL NAME AND ADDRESS, AMOUNT OF THE CLAIM, DATE THE CLAIM AROSE,
AND COMPLETE INFORMATION AND DOCUMENTATION THAT FULLY SUPPORTS CLAIMANT'S RIGHT TO THE CLAIM.

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

DAVID K BROWN, REGISTERED AGENT
4994 CITATION DRIVE APT 2-204
DELRAY BEACH, FL 33445

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

DAVID K BROWN

Printed Name of the Person Filing



Signature of the Person Filing

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