

L52761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

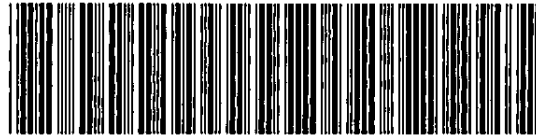
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

07 MAR 12 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis.
G. Couffette MAR 14 2007

Watson & Company, P.A.

Certified Public Accountants

20401 N.W. 2nd Avenue, Suite 300
(State Road 441)
Miami, Florida 33169
(305) 653-8865
(305) 653-8866
Fax: (305) 654-7751

watsonpa@aol.com
watson_info@watsonpa.com

March 9, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: W. Melville Warner, DDS, P.A.
Document # L52761

Dear Sir/Madam:

We are the Accountant and Power of Attorney for the above reference client we are requesting Articles of Dissolution.

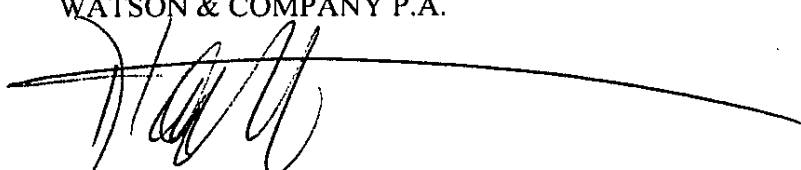
Please find the following documents required for processing.

- o Cover Sheet Articles of Dissolution
- o Articles of Dissolution
- o Check in the amount of \$ 43.75 as payment for Filing fee & Certified Copy.

Kindly process in the usual manner and advised our client accordingly.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,
WATSON & COMPANY P.A.



for
Pamella B. Watson, CPA
President

PBW/dt

enc:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W. MELVILLE WARNER, DDS, P.A

DOCUMENT NUMBER: L52761

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

Please return all correspondence concerning this matter to the following:

WILMOT M WARNER

(Name of Contact Person)

W. WELVILLE WARNER, DDS, P.A

(Firm/Company)

6758 BUENA VISTA DRIVE

(Address)

MARGATE, FL 33063-8302

(City/State and Zip Code)

For further information concerning this matter, please call:

WILMOT M. WARNER

(Name of Contact Person)

at ()

(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 607.1401, 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:

W. MELVILLE WARNER, DDS, P.A.

SECOND: The document number of the corporation (if known): L52761

THIRD: The file date of the articles of incorporation: 2/22/1990

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

WILMOT M. WARNER

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

07 MAR 12 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Filing Fee: \$35