186591

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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NOV 29 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Corpor	atron
DOCUMENT NUMBER: L 86591	-,
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Roberta B. Cohen	
(Name of Contact Pe	
Cohen Design Confirm/Compan	tac. Cohen Design Compan
	y) /nc
2800 NW 49th 64.	
Boca Raton, PL	20100
(City/State and Zip	
For further information concerning this matter, please	
JOHN MINEO at (at ((Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	nal copy is Certified Copy
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





October 23, 2018

ROBERTA B. COHEN 2800 NW 49TH ST BOCA RATON, FL 33434

SUBJECT: COHEN DESIGN COMPANY, INC.

Ref. Number: L86591

We have received your document for COHEN DESIGN COMPANY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 218A00021798

www.sunbiz.org

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:
SECOND:	The document number of the corporation (if known): LSU 591
THIRD:	The date dissolution was authorized: 9.70, 18
	Effective date of dissolution if applicable: 9. 30. 18
	(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:	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
	Proand of Directors
	(voting group)
	Signature: Holieta B. Colien 3
	(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 tiduciary)
	Roberta B. Cohen (Typed or printed name of person signing)
	President (Title of person signing)