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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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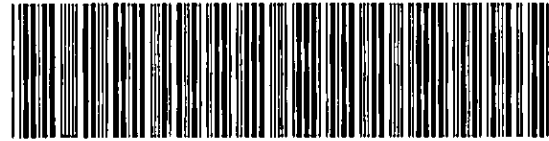
(Business Entity Name)

(Document Number)

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2020 OCT 26 PM 12:46

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 OCT 14 PM 2:53

October 14, 2020

ELIZABETH M DONOVAN  
ELIZABETH M DONOVAN, CPA, PA  
PO BOX 9824  
EAST RIDGE, TN 37412

SUBJECT: ELIZABETH M DONOVAN, CPA, PA  
Ref. Number: M66967

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00020288

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution  
\_\_\_\_\_

**DOCUMENT NUMBER:** M66967  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Elizabeth M Donovan  
\_\_\_\_\_

(Name of Contact Person)

Elizabeth M Donovan, CPA, PA  
\_\_\_\_\_

(Firm/Company)

PO Box 9824  
\_\_\_\_\_

(Address)

East Ridge, TN 37412  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth M Donovan  
\_\_\_\_\_

at (423) 551-4217  
\_\_\_\_\_

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:

Elizabeth M Donovan, CPA, PA

SECOND: The document number of the corporation (if known): M66967

THIRD: The date dissolution was authorized: July 31, 2020

Effective date of dissolution if applicable: July 31, 2020

(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: \_\_\_\_\_

(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)

Elizabeth M Donovan

(Typed or printed name of person signing)

President

(Title of person signing)

2020 OCT 25 PM 12:46

**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: Elizabeth M Donovan, CPA, PA

The above named corporation is the subject of dissolution and the effective date of a dissolution is: July 31, 2020

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

Description of information that must be included in a claim:

Date - Services Provided - Amount - Identity of Individual Authorizing Encumbrance


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

PO Box 9824, East Ridge, TN 37412

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.

Elizabeth M Donovan

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**