

**114 00010596**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : BOWMAN, GEORGE, SCHEB, KIMBROUGH, KOACH & CHAPMAN P.A.  
Account Number : I1999000222  
Phone : (941)552-5526  
Fax Number : (941)957-4890

**DISSOLUTION OR WITHDRAWAL  
CENACLE LEGAL SERVICES, INC.**

Certificate of Status	0
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2023 APR 13 PM 12:26

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CENACLE LEGAL SERVICES, INC.

**DOCUMENT NUMBER:** N14000010596

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

Please return all correspondence concerning this matter to the following:

TINA MROCZKOWSKI

\_\_\_\_\_  
(Name of Contact Person)

BOWMAN GEORGE SCHEB KIMBROUGH KOACH & CHAPMAN, PA

\_\_\_\_\_  
(Firm/Company)

2750 RINGLING BOULEVARD, SUITE 3

\_\_\_\_\_  
(Address)

SARASOTA, FL 34237

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TINA MROCZKOWSKI

\_\_\_\_\_  
(Name of Contact Person)

at (941) \_\_\_\_\_  
(Area Code)

366-5510

\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
CENACLE LEGAL SERVICES, INC.

SECOND: The document number of the corporation (if known): N14000010596

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I OR II)

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was JANUARY 25, 2023.

The number of directors in office was 5 and the vote for resolution was 5 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: April 11, 2023  
(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.

Signature: Tina Mroczkowski

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Tina Mroczkowski

\_\_\_\_\_  
 (Typed or printed name of person signing)

President, Board of Directors

\_\_\_\_\_  
 (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 of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: CENACLE LEGAL SERVICES, INC.

*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 OF VENDOR	1
ADDRESS OF VENDOR	1
Description of services/product/contract for which claim is being made, including date of services.	1
AMOUNT DUE FOR VENDOR	10
VALID COPY OF INVOICE.	11
	12

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

TINA MROCZKOWSKI

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BOWMAN GEORGE SCHEB KIMBROUGH KOACH & CHAPMAN

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2750 RINGLING BLVD., SUITE 3

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SARASOTA, FL 34237


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*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.*

Tina Mroczkowski

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*Printed Name of the Person Filing*



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*Signature of the Person Filing*