## 

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
_			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Constitution of the Officer			
Special Instructions to Filling Officer:			

Office Use Only





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/22/2021		
	Chris Vick	_	
	1478518	_	
		TION OF BLOOD BANKS, INC.	
☐ Article	es of Incorporation/Authorization	to Transact Business	
Amendment			
☐ Change of Agent			
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
Other ARTICLES OF CORRECTION			
Authorized A	mount \$35.00		

F: 800.944.6607



## 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.

The Florida Association of Blood Banks, Inc. Name of Corporation:\_\_ 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: A reasonable description of the claim, including whether the claim is contingent or immediately payable. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Fole & Lardner LLP, c/o Michael Okaty 301 E. Pine St., Ste 1200 Orlando, FL 32801 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.