## P00000013065

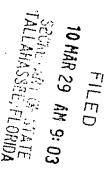
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

SUBJECT: Articles of Di	ssolution
DOCUMENT NUMBER:p00	000013065
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Robert Pet	ers
(Name of Cor	ntact Person)
(Firm/C	ompany)
P.O. Box 15	5163
(Addr	ess)
	each, Fl 32035
(City/State a	and Zip Code)
For further information concerning this matter	please call:
	at (904)206-1578
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) (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 607.1403, 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:
	Robert L., Peters P.A.
SECOND:	The document number of the corporation (if known): P0000013065
THIRD:	The date dissolution was authorized: 2/27/2010
	Effective date of dissolution if applicable: 2/27/2010 (no more than 90 days after dissolution file date)
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
	(voting group)
	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)
	Robert L Peters (Typed or printed name of person signing)
	Incorporator (Title of person signing)
	LING OF DEISOR SIGNIFE)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

*	te Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation:	Robert L. Peters P.A.
Date of dissolution will specified in the <i>Articles</i>	be the date the dissolution is filed with the Department of State or as of Dissolution.
Description of informati	on that must be included in a claim:
Date of c	Laim
Nature of	claim
Statement	of claim
Mailing address where c	laims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing address where c	
Mailing address where c	P.O. Box 15163
Mailing address where c	
Mailing address where c	P.O. Box 15163
Mailing address where c	P.O. Box 15163

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

Printed Name of the Person Filing