## P00000015239

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	PICK-UP WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certific	ed Copies Certificates of Status	
Spec	ial Instructions to Filing Officer:	





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of the Luhrsen Firm, P.A.
DOCUMENT NUMBER: <u>P000000 15239</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie S. Lunysen (Name of Person)
the Luhrsen Firm, P.A. (Name of Firm/Company)
9603 Old Hyde Pork Pl (Address)
Bradenton, FL 34202
(City/State/and Zip Code)
For further information concerning this matter, please call:
Julie S. Luhrsen at (941) 355 - 1,903 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

of dissolution	n:
FIRST:	The name of the corporation as currently filed with the Department of State:  The Luhrsen Firm, P.A.
SECOND:	The document number of the corporation (if known): POOOOO 15,239
THIRD:	The date dissolution was authorized: 12-1-03
	Effective date of dissolution if applicable: 4 (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 of 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)
	Signed this
Signat	(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)  Jule S. Luhrsen
	Drector, V-P, & Secretary
	(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. 607.1407, F.S.

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

Name of Corporation: The Luhrsen Firm, P.A.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name of claimant;
Date of claim/10ss;
Description of claim; and
Claimant's address, telephone number + other contact information
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  9608 Old Hyde Park Pl
Bradentan, FL 34202
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.
Julie S. Luhrsen And
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