P00000090227

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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2011 JAN 26 P 12: 59
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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1-27-11

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: DANIEL MIRONES, P.A	À.
DOCUMENT NUMBER: P000000902	227
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
DANIEL MIRONES	
(Name of Co	ontact Person)
DANIEL MIRONES, P.A.	
	Company)
9805 SW 69 AV	
CINECULAR EL 22450	(ress)
PINECREST, FL 33156	and Zip Code)
(City/State	and Zip Code)
For further information concerning this matte	er, please call:
DANIEL MIRONES	at (_305) _794-1122
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
Certificate of Status	3 \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) 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 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:		
	DANIEL MIRONES, P.A.		
SECOND:	The document number of the corporation (if known): P00000090227		
THIRD:	The date dissolution was authorized: 12/31/2010		
	Effective date of dissolution <u>if applicable:</u> 12/31/2010 (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 dissolutio was sufficient for approval.	n	
	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)		
	DANIEL MIRONES		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(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: DANIEL MIRONES, P.A.
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:
1. The name, address and telephone number of the claimant.
2. The amount of the claim.
3. The date the claim accrued or will accrue.
4. A brief description of the nature of the debt or the basis for the claim.
5. Whether the claim is secured, and if so, the collateral used as security.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
DANIEL MIRONES, P.A.
9805 SW 69 AV
PINECREST, FL 33156
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.

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

DANIEL MIRONES

Printed Name of the Person Filing