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## **COVER LETTER**

TO: Amendment Section Division of Corporations		. <b>.</b>		
JOHN S LOCKETT PA			_	
DOCUMENT NUMBER: P01000008798			_	
The enclosed Articles of Dissolution and fe	e are submitted for filir	g.		
Please return all correspondence concerning	this matter to the follo	wing:		
JOHN S. LOCKETT				
(Name of C	Contact Person)		-	
JOHN S LOCKETT PA				
(Firm	/Company)		-	***
2804 OLD BAYSHORE WAY			ال 20	15E
(Ad	dress)		JL 28	岩질
TAMPA/FLORIDA 33611			<u>7.=</u>	CO: :
(City/State	e and Zip Code)		AH 11: 12	3.5
For further information concerning this matt	er, please call:		12	101
JOHN S. LOCKETT	(813) 546-5895 at (			
(Name of Contact Person)	(Area Code)	(Daytime Telephone No	.ımbe	r)
Enclosed is a check for the following amoun	t:			
Status Status Status Status Status Status Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status of Certified Copy (Additional copy is enclosed)	&	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi The 241	et Address: endment Section sion of Corporations Centre of Tallahassee in N. Monroe Street, Suite chassee, FL 32303	e 810	

## 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 JOHN S. LOCKETT, PA	of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:  JULY 31, 2020				
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirer not be listed as the document's effective date on the Department of State's records.	file date) nents, this	date will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	s chapter	and		
	Signature:	20 JUL 28 AM11: 12	SELIKETARY OF STAFE 171SION OF CONFORMTIONS		
•	(By a director, president or other officer - (f 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)	, <u> </u>			
	JOHN S. LOCKETT				
-	(Typed or printed name of person signing)	_			
	PRESIDENT/DIRECTOR				
_	(Title of person signing)				

Filing Fee: \$35