

P01000024820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

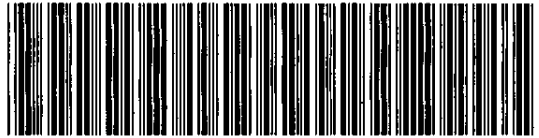
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

CORP.NAME: William M. Letson Jr.,M.D.,P.A.

**DOCUMENT
NUMBER:** P01000024820

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all Correspondence concerning this matter to the following:

William M. Letson Jr.,M.D.
(Name of Contact Person)

William M. Letson Jr.,M.D.,P.A.
(Firm/Company)

1988 S.Tamiami Trail
(Address)

Venice,FL 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Letson Jr.
(Name of Contact Person)

941-423-7736
(Area Code & DaytimeTelephone Number)

Enclosed is a check for \$35 for the filing fee.

**MAILING
ADDRESS:** Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

William M. Letson Jr., M.D., P.A.

SECOND: The document number of the corporation:

P01000024820

THIRD: The date dissolution was authorized:

12/27/2008

FOURTH: Adoption of Dissolution (CHECK ONE):

☒ X

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

N/A

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

William M. Letson Jr., M.D., P.A.

(voting group)

Signature: _____



William M. Letson Jr., M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35