PO DO				
(Requestor's Name) (Address) (Address)	800318224738			
(City/State/Zip/Phone #)	09/10/1801031018 **43.75			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILE 18 SEP 10 Fall-Addresses			
Special Instructions to Filing Officer:	SEP 1 3 2018			
Office Use Only	S. YOUNG			

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT:	ELLEN	SCHWART 2BARD	MO	PA
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DOCUMENT NUMBER: ______ P 0 1000066103

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

Please return all correspondence concerning this matter to the following:

ELLEN SCHWARTZBARD

(Name of Contact Person)

	(Firm/Com	pany)	
3074	INDIANA	ታም.	
	(Address)	_ · _	
COCON	UT GROVE,	FL	33133

(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIN SCHWANTZBARD
(Name of Contact Person)at (305-399-9460(Area Code)(Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$35 Filing Fee 🕹 \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(Additional copy is cnclosed)

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: Ellen Schwartzbard MD PA

SECOND: The document number of the corporation (if known):

THIRD: The date dissolution was authorized:

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- FOURTH: Adoption of Dissolution (CHECK ONE)
 - Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled $\frac{1}{2}$ to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Ellen Schwartzbard

(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)

Ellen Schwartzbard

(Typed or printed name of person signing)

President

(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:______ ELLEN SCHWARTZBARD MD PA

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:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

ELLEN SCHWARTZBARD

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