P01000066309

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Dissolution of S Corp: Trimis & Associates, P.A. SUBJECT: P01000066309 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Trimis (Name of Contact Person) Trimis & Associates, P.A. (Firm/Company) 16028 Bonneville Drive (Address) Tampa, FL 33624 (City/State and Zip Code) For further information concerning this matter, please call: Michael Trimis (Area Code) (Daytime Telephone Number) (Name of Contact Person) 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 (Additional copy is enclosed) enclosed) Street Address: **Mailing Address:** Amendment Section **Amendment Section**

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 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 State: Trimis & Associates, P.A.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: 4/30/2022				
	Effective date of dissolution if applicable: 4/30/2022				
	Note: 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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
		* :	2022		
		200	HAY 13		
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\$	(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)		53		
	Michael Trimis				
	(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:	·	
The above named corporation is the subject of dissolution and the effective date o	of a dissolution is: 4/30/20	22
(date filed with the Dept. if date specified in the Articles of Diss	colution)	···
Description of information that must be included in a claim:		
		2888
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	ian (2).	<u>.</u>
	*	3
	: 1	1:53
Mailing address where written claims can be sent: (Claims cannot be sent to the D 16208 Boneville Drive, Tampa, FL 33624	Division of Corporations)	
A claim against the above named corporation will be barred unless a proceeding to within 4 years after the filing of this notice.	o enforce the claim is cor	nmenc
Michael Trimis	am	
Printed Name of the Person Filing Signa	ture of the Person Filing	

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