

PO100090181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

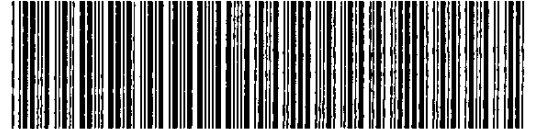
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DS-1
3-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

BRETT LOTER

(Name of Contact Person)

BRETT LOTER PPM

(Firm/Company)

105 SOUTH PARK BLVD # A103

(Address)

ST AUGUSTINE FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT LOTER

(Name of Contact Person)

at (904) 502 2042

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, 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
Citizens Building
2661 Executive Center Plaza
Tallahassee, FL 32301



ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

BRETT CUTLER D.P.M., P.A.

SECOND: The document number of the corporation (if known): PO/060090181

THIRD: The file date of the articles of incorporation: 11/01

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Brett Cutler DPM PA

(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.)

Brett Cutler DPM

(Typed or printed name of person signing)

DPM

(Title of Person Signing)

Filing Fee: \$35

Brett Cutler, D.P.M., P.A.
Podiatrist & Foot Surgeon
Gentle Hands For Tender Feet

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TALLAHASSEE, FLORIDA

