P02000001674

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Voluntary Dissolution of	Robert M. Coplen, P.A.	
DOCUMENT NUMBER: P0200	0001674	
The enclosed Articles of Dissolut	ion and fee are submitted fo	or filing.
Please return all correspondence c	oncerning this matter to the	following:
Robert M. Coplen		
(1	Name of Contact Person)	
Robert M. Coplen. P.A.		
	(Firm/Company)	·
447-20th Avenue		
	(Address)	
Indian Rocks Beach, Florida 33785		26
	(City/State and Zip Code)	
For further information concerning	g this matter, please call:	27
Bob Coplen	at (<u>(813)310-</u> 6	992 E S
(Name of Contact Perso	n) (Area C	ode) (Daytime Telephone Number)
Enclosed is a check for the followi	ng amount:	
■ \$35 Filing Fee □ \$43.75 Filin Certificate of		Certificate of Status &
Mailing Adduses		C

Mailing Address:

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

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Robert M. Coplen, P.A.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: December 20, 2023			
	Effective date of dissolution if applicable: December 29, 2023 (no more than 90 days after dissolution file days)			
	(no more than 90 days after dissolution file date) 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.			
	\$ 7023 D. ***			
	C 27			
S	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 11 that fiduciary)			
	Robert M. Coplen			
•	(Typed or printed name of person signing)			
_	President/Director			
	(Title of a second pinels a)			

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: Robert M. Coplen, P.A. The above named corporation is the subject of dissolution and the effective date of a dissolution is: December 29, 2023 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: a. claimant name, address, telephone number and email address b, amount of claim c, detailed written description of basis of a Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 447-20th Avenue Indian Rocks Beach, Fl 33785 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. Robert M. Coplen

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

Printed Name of the Person Filing