

PD20000033923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

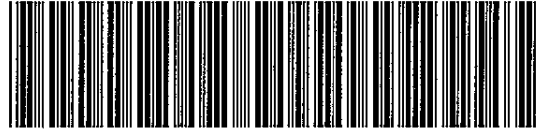
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/14/04--01031--009 \*\*35.00

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04 APR 14 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution w/notice

T BROWN APR 22 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION  
& ADDRESS CHANGE

**DOCUMENT NUMBER:** P02000033923

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

Please return all correspondence concerning this matter to the following:

BRYAN S. YARNELL

(Name of Person)

BRYAN S. YARNELL, P.A.

(Name of Firm/Company)

954 FITCH DRIVE

(Address)

WEST PALM BEACH, FL 33415

(City/State/and Zip Code)

NEW  
ADDRESS

For further information concerning this matter, please call:

BRYAN S. YARNELL at (561) 615-6310

(Name of Person)

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Please  
change  
Address  
&  
Then  
DISSOLVE

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
04 APR 14 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Department of State:

BRYAN J. YARNELL, P.A.

SECOND: The document number of the corporation (if known): PO2000033923

THIRD: The date dissolution was authorized: MARCH 22, 2004

Effective date of dissolution if applicable: MARCH 22, 2004  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by of 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

\_\_\_\_\_  
(voting group)

Signed this 22<sup>ND</sup> day of MARCH, 2004.

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)

BRYAN J. YARNELL

(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:

BRYAN J. YARNELL, P.A.

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:

Date of loss or injury

Name & address of claimant

Description of how loss or injury was suffered

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

Bryan J. Yarnell

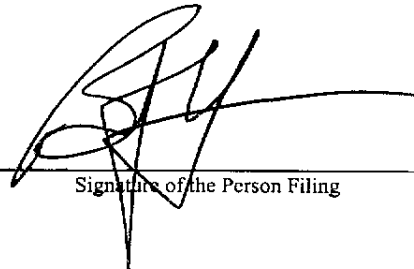
954 FITCH DRIVE

WEST PALM BEACH, FLORIDA 33415

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.

BRYAN J. YARNELL

Printed Name of the Person Filing



Signature of the Person Filing