

PO2000045161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11 JUN - 1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss
C.COULLIETTE
JUN 01 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gina Kirkpatrick, PA
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Gina Kirkpatrick
(Name of Person)

Gina Kirkpatrick, PA
(Firm/Company)

P.O. Box 403844
(Address)

Miami Beach FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Kirkpatrick at (305) 608-5599
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2011

GINA KIRKPATRICK, PA
PO BOX 403844
MIAMI BEACH, FL 33140

SUBJECT: GINA KIRKPATRICK, PA
Ref. Number: P02000045161

We have received your document for GINA KIRKPATRICK, PA and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the wrong form to dissolve a Florida profit corporation. I have enclosed the correct form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00010441

RECEIVED
MAY 11 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: dissolve Gina Kirkpatrick, P.A.

DOCUMENT NUMBER: P02000045161

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

Please return all correspondence concerning this matter to the following:

Gina Kirkpatrick
(Name of Contact Person)

Gina Kirkpatrick, P.A.
(Firm/Company)

P.O. Box 403844
(Address)

miami beach fl 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Kirkpatrick at (305) 608-5599
(Name of Contact 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, FL 32314

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:

Gina Kirkpatrick PA

SECOND: The document number of the corporation (if known): PO2000045161

THIRD: The date dissolution was authorized: 4.20.2011

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

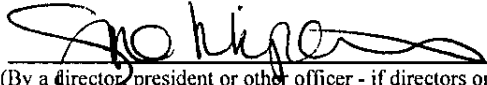
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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)

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)

Gina Kirkpatrick
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
11 JUN - 1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA