102000074014

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
09 JAN 23 PM 4: 31

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Mondesir & Alexis, P.A.	
DOCUMENT NUMBER: P020000740	014
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Evenette Mondesir, Esq.	
(Name of Co	ontact Person)
Mondesir & Associates, P.A.	
(Firm/	Company)
PO Box 120187	
(Add	lress)
Ft. Lauderdale, FL 33312-0004	
(City/State	and Zip Code)
For further information concerning this matte	r, please call:
Evenette Mondesir, Esq.	at (_954) 714-3202
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
Certificate of Status	\$43.75 Filing Fee &
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

FILÉD DIVISION OF CORPORATIONS

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:
	Mondesir & Alexis P.A.
SECOND:	The document number of the corporation (if known): P02000074014
THIRD:	The date dissolution was authorized: February 29, 2008
	Effective date of dissolution if applicable: Date dissolution filed with Department (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)
	Evenette Mondesir, Esq.
	(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: Mondesir & Alexis, P.A.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
The claim must include name of the claimant, amount due, date claim arose,
how claim arose and/or why payment is due, and contact information for
claimant
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Evenette Mondesir, Esq.
Mondesir & Associates, P.A.
PO Box 120187
Ft. Lauderdale, FL 33312-0004
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.
Evenette Mondesir, Esq.

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

Signature of the Person Filing

Printed Name of the Person Filing