

PL2 000093491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

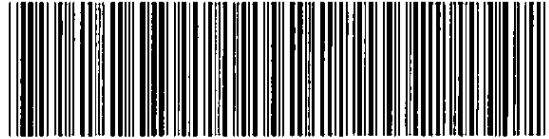
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800419220088

11/27/23--01007--018 **25.00

01/25/24--01020--008 **10.00

2023 NOV 27 PM 12:54

PL 2 100

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2023

BETH ANNE BROWN
3510-B W. PALMIRA AVE
TAMPA, FL 33629

SUBJECT: BABROWN & ASSOCIATES INC.
Ref. Number: P02000093491

We have received your document for BABROWN & ASSOCIATES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 223A00028095

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BABROWN & ASSOCIATES NO LONGER IN BUSINESS

DOCUMENT NUMBER: P02000093491

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

Please return all correspondence concerning this matter to the following:

BETH ANNE BROWN
(Name of Contact Person)
BABROWN & ASSOCIATES
(Firm/Company)
3510 W. PALMIRA AVE #B
(Address)
TAMPA, FL 33629
(City/State and Zip Code)

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For further information concerning this matter, please call:

BETH ANNE BROWN at (813-220-0797)
(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 ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
CHECK # 2359 IN THE AMOUNT OF \$25 PREVIOUSLY CASHED. ENCLOSED CHECK FOR \$10 COVERS THE BALANCE OF THE CORRECTED AMOUNT. (Additional copy is enclosed) (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
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:

BABROWN & ASSOCIATES Inc

SECOND: The document number of the corporation (if known): P02000093491

THIRD: The date dissolution was authorized: MARCH 2023

Effective date of dissolution if applicable: DECEMBER 31, 2023

(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.

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Signature: Beth Anne Brown

(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)

Beth Anne Brown

(Typed or printed name of person signing)

DIRECTOR, OWNER, SOLE EMPLOYEE

(Title of person signing)

Filing Fee: \$35

PREVIOUS CHECK FOR \$25 CASHED, CHECK FOR \$10
ENCLOSED TO COVER THE DIFFERENCE.

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: BABROWN & ASSOCIATES, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/23

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

DATE OF CLAIM, REASON FOR CLAIM, AMOUNT OF CLAIM, CONTACT NAME, NUMBER, ADDRESS

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

Beth Anne Brown
3510 W. PALMIRA AVE #B
TAMPA, FL 33629

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.

Beth Anne Brown
Printed Name of the Person Filing

Beth Anne Brown
Signature of the Person Filing