

P03 00000 4040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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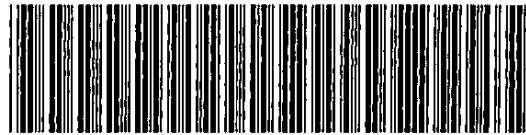
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Volun. Diss.*

D. CONNELL JAN 10 2007

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CAROL MOCERI, PA

DOCUMENT NUMBER: P03000004040

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

Please return all correspondence concerning this matter to the following:

CAROL MOCERI

(Name of Contact Person)

CAROL MOCERI PA

(Firm/Company)

(NEW ADDRESS) 920 SHELLBARK WAY

(Address)

THE VILLAGES FL 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL MOCERI

(Name of Contact Person)

at ( 407 ) 383-0099

(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:

CAROL MOCERI, P.A.

SECOND: The document number of the corporation (if known): 703000004040

THIRD: The date dissolution was authorized: 12/27/06

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: Carol Mocerì

(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)

CAROL MOCERI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA