## P03000050545

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
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T. LEWILLIA

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: PO 30000 50545
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Pollock  (Name of Contact Person)  Karen M. Pollock, P.A.  (Firm/Company)
(Name of Contact Person)
Karen M. Pollock, P.A.
(Firm/Company)
2501 NW 46th Street (Address)
(Address)
Boca Raton, FL 33434 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Karen Pollock at (561) 212-988  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	Karen M. Pollock, P.A.
SECOND:	The document number of the corporation (if known): Po 30000 50545
THIRD:	The date dissolution was authorized: April 20,2015
	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 OF STATE an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by OF STATE OF S
	(Title of person signing)

Filing Fee: \$35