

PO3000055/26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

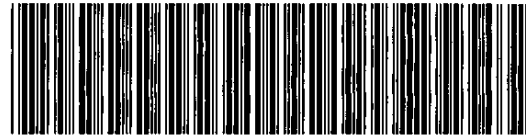
(Business Entity Name)

(Document Number)

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FILED
06 SEP 27 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSS
SQ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2006

YVONNE L. SOULE
1281 N. OCEAN DRIVE
#195
SINGER ISLAND, FL334-04

SUBJECT: YVONNE L. SOULE, P.A.
Ref. Number: P03000055126

We have received your document for YVONNE L. SOULE, P.A. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 906A00048735

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Yvonne L. Soule, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P03000055126

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Yvonne L. Soule

(Name of Person)

(Firm/Company)

1281 N. Ocean Drive #195

(Address)

Singer Island, FL 33404

(City/State and Zip code)

For further information concerning this matter, please call:

Yvonne L. Soule

(Name of Person)

at (949) 278-8600

(Area Code & Daytime Telephone Number)

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF FLORIDA Profit CORPORATION

DOCUMENT NUMBER: P03000055126

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

Please return all correspondence concerning this matter to the following:

Yvonne SOULÉ

(Name of Contact Person)

(Firm/Company)

10571 E. BELLA VISTA DR.

(Address)

SCOTTSDALE AZ 85258

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Soulé

(Name of Contact Person)

at (949) 278-8600

(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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
SEP 27 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
Yvonne L. SOULÉ P.A.

SECOND: The document number of the corporation (if known): P03000055126

THIRD: The file date of the articles of incorporation: 5/12/03

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Yvonne L. SOULÉ
(Typed or printed name of person signing)

Pres.
(Title of Person Signing)

Filing Fee: \$35