P03000088330

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| SUBJECT: Dissolution of Robert Durand CPA, PA | |
|---|---|
| DOCUMENT NUMBER: P03000088330 | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Suzanne Crowley - Personal Representative | |
| (Name of Contact Person) | |
| Estate of Robert Durand | |
| (Firm/Company) | |
| 110 Drake Way | |
| (Address) | |
| Sebastian, FL 32958 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Suzanne Crowley at (772) 388-6636 | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |) |
| Enclosed is a check for the following amount: | |
| ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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: |
|---------|---|
| | Robert Durand CPA, PA |
| SECOND: | The document number of the corporation (if known): |
| THIRD: | The date dissolution was authorized: April 20, 2007 |
| | 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 ARETARY ARETARY |
| | (voting group) E.F. OF STATE ORIUM |
| | 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) |
| | Suzanne Crowley |
| | (Typed or printed name of person signing) |
| | |

Filing Fee: \$35

(Title of person signing)

Personal Representative for the Estate of Robert Durand