

PO4000004903

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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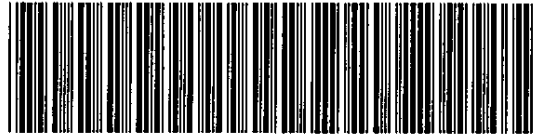
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/04/07--01013--004 \*\*52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA



# **LUSTER & DAVIS, P.A.**

A t t o r n e y s   a t   L a w

255 N. LIBERTY STREET, SUITE A  
JACKSONVILLE, FLORIDA 32202

**REGINALD LUSTER  
DEXTER VAN DAVIS  
KEVIN M. COBBIN**

(904)354-0104  
Fax #: (904) 354-0122

December 29, 2006

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Dissolution Luster & Davis, P.A.**

Dear Sir or Madam:

Please find enclosed Cover Letter, Articles of Dissolution and Notice of Corporate Dissolution on the above referenced corporation. I have also enclosed a check in the amount of \$52.50.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Dexter Van Davis".

Dexter Van Davis

DVD/

Enclosures

cc:    Reginald Luster, Esquire

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P04000004905

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

Please return all correspondence concerning this matter to the following:

Dexter Van Davis

(Name of Contact Person)

Davis Law Group, P.L.

(Firm/Company)

255 Liberty Street, Ste A

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Dexter Van Davis

(Name of Contact Person)

at ( 904 ) 354-0104

(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:

Luster & Davis, P.A.

SECOND: The document number of the corporation (if known): P04000004905

THIRD: The date dissolution was authorized: December 31, 2006

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 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Dexter Van Davis

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**Filing Fee: \$35**

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TALLAHASSEE, FLORIDA

## 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: Luster & Davis, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Any and all documents required by law.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dexter Van Davis, Reginald Luster  
255 Liberty Street, Ste A.  
Jacksonville, Florida 32202

\_\_\_\_\_

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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.

Dexter Van Davis

Printed Name of the Person Filing

Dexter Van Davis

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**