P04000019738

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PICK-UP	☐ WAIT	MAIL
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09 JUN 22 PM: LENOSION OF THE STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2009

PETER H. RACHMAN PETER H. RACHMAN, P.A. 505 N 7TH ST STE 3600 ST LOUIS, MO 63101

SUBJECT: PETER H. RACHMAN, P.A.

Ref. Number: P04000019738

We have received your document for PETER H. RACHMAN, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 309A00014929

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 22 AM 8: 00

RECEIVED

June 18, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Dissolution for Peter H. Rachman, P.A., Doc. No. P04000019738

Dear Ms. Roberts,

As discussed, please file enclosed articles of dissolution for filing. The Division of Corporations previously received a check for \$35 in payment for this service. If you have any questions please do not hesitate to contact me at 314-210-8464. Thank you for your help.

Very truly yours,

Peter H. Rachman

COVER LETTER

	Division of Corporations
•	SUBJECT: 1) = 50 Leten y fater H Bachman, P.A.
	DOCUMENT NUMBER: 494000 (9438
	The enclosed Articles of Dissolution and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	JETEL H- RACHMAN (Name of Contact Person)
	(Name of Contact Person)
	16742 H. RACHMAN. P.A. (Firm/Company) 505 N. 7th St. Suite 3600 (Address)
	(Firm/Company)
	505 N. 719 St. Suite 3600
	(Address)
	St. Louis, MO 63101
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	PURIT H. Rachman at (314) 210-8464 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
•	\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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:
SECOND:	The document number of the corporation (if known): PD 400019738
THIRD:	The date dissolution was authorized: 4.25.07
	Effective date of dissolution if applicable: 430.05 (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 entitle to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	The number of votes cast for dissolution was sufficient for approval by (voting group)
·	Signature: (By 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)
	leter H. Lachman
	(Typed or printed name of person signing) [1] [1] [1]
	(Title of person signing)

Filing Fee: \$35