P04000082319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600125737906

04/25/08--01032--014 **25.00

07/02/08--01015--023 **10.00

FILED
08 JUL -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voids with notice
DRC
CR 7/2

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2008

BARBARA A. CONRAD
BARBARA A. CONRAD, P.A.
13120 KEEL CT.
HUDSON, FL 34667

SUBJECT: BARBARA A. CONRAD, P.A.
Ref. Number: P04000082319

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of $10.00 is due.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is $35. Certified copies are optional and are $8.75 for the first 8 pages of the document, and $1 for each additional page, not to exceed $52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 708A00027835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 JUL 14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barbara A. Conrad, P.A.

DOCUMENT NUMBER: P04000082319

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

Please return all correspondence concerning this matter to the following:

Barbara Conrad
(Name of Contact Person)

Barbara A. Conrad, P.A.
(Firm/Company)

13120 KEEL CT
(Address)

HUDSON FL 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Conrad at (727) 809-2176
(Name of Contact Person) (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:

Barbara A. Conrad, P.A.

SECOND: The document number of the corporation (if known): P04000082319

THIRD: The date dissolution was authorized: April 21, 2008

Effective date of dissolution if applicable: April 21, 2008
(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

FILED
08 JUL -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(voting group)

Signature: Barbara A. Conrad, P.A.
(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)

BARBARA A. CONRAD, P.A.
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35

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: Barbara A. Conrad, 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:

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

Barbara A. Conrad
13120 Keel Ct.
Hudson, FL 34667

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.

Barbara A. Conrad
Printed Name of the Person Filing

Barbara A. Conrad
Signature of the Person Filing

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