

P04 000114934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

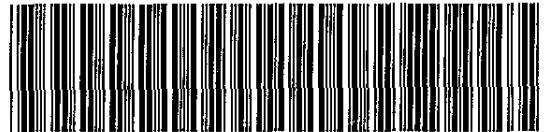
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/19/05--01011--018 **49.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/29/05
P04-114934

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of THOMAS AND ROSPARS PA

DOCUMENT NUMBER: P04000114934

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

Please return all correspondence concerning this matter to the following:

William G. Rospars

(Name of Contact Person)

William G. Rospars

(Firm/Company)

6615 Boynton Beach Blvd #145

(Address)

Boynton Beach, FL 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

William G. Rospars

(Name of Contact Person)

at (516) 216-4024

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

THOMAS AND ROSPARS PA

SECOND: The document number of the corporation (if known): P04000114934

THIRD: The date dissolution was authorized: December 12, 2005

Effective date of dissolution if applicable: December 31, 2005

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

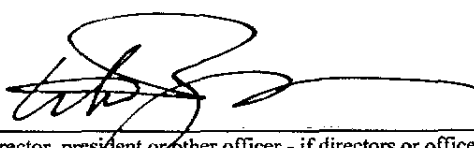
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of 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)

William G. Rospars

(Typed or printed name of person signing)

Vice 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: THOMAS AND ROSPARS PA

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:

(1) Full legal name, current mailing address, current phone number,
and current address for service of process. (2) Date claim is alleged to have
arisen. (3) Amount of the claim. (4) The specific activity or contractual
provision alleged to provide a basis for the claim.

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

William G. Rospars

6615 Boynton Beach Blvd #145

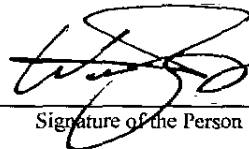
Boynton Beach, FL 33437

Attn: former THOMAS AND ROSPARS PA - claims

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.

William G. Rospars

Printed Name of the Person Filing



Signature of the Person Filing

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