

P04000124376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

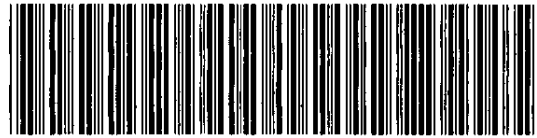
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06/30/08--01003--024 **30.00

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FILED

08 JUL 14 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUS

with notice

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DRB
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7/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2008

KATHRYN J. CUCCINELLO
335 N.W. SHEFFIELD CR.
PORT ST. LUCIE, FL 34983

SUBJECT: KATHRYN JO CUCCINELLO, P.A.
Ref. Number: P04000124376

We have received your document for KATHRYN JO CUCCINELLO, P.A. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$13.75 is due.

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.

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

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen Gibson
Document Specialist Supervisor

Letter Number: 808A00039706

RECEIVED
2008 JUL 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P04000124376

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

Please return all correspondence concerning this matter to the following:

~~A. CUCCINELLO~~ / KATHRYN CUCCINELLO
(Name of Contact Person)

KATHRYN JO CUCCINELLO P.A.
(Firm/Company)

335 N.W. SHEFFIELD CR.
(Address)

PORT ST. LUCIE FL. 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

A. CUCCINELLO at (772) 971-2776
(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 607.1401, 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:

KATHRYN JO CUCCINELLO P.A.

SECOND: The document number of the corporation (if known): P04000124376

THIRD: The file date of the articles of incorporation: 8/30/2004

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

KATHRYN JO CUCCINELLO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
08 JUL 14 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KATHRYN JO CUCCINELLO 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)

335 N. W. SHEFFIELD CR.
PORT ST. LUCIE, FL. 34983

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.

KATHRYN J. CUCCINELLO

Printed Name of the Person Filing

Signature of the Person Filing

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