

P04000148023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

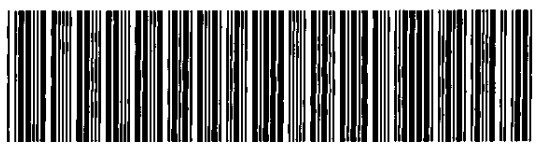
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600095143446

04/10/07--01003--003 **35.00

07 APR 10 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

VOLDIS w notice
PBA
4/9



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2007

MARIA ELENA OROZCO
MARIA ELENA OROZCO, P.A.
2608 NW 7TH AVENUE
WILTON MANOR, FL 33311

SUBJECT: MARIA ELENA OROZCO, P.A.
Ref. Number: P04000148023

We have received your document for MARIA ELENA OROZCO, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

THE FILING FEE AND DOCUMENT MUST BE SUBMITTED TOGETHER.

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

Karen Gibson
Document Specialist Supervisor

Letter Number: 107A00021113

RECEIVED
07 APR -6 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARIA ELENA OROZCO PA.

DOCUMENT NUMBER: PO 4000148023

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

Please return all correspondence concerning this matter to the following:

MARIA ELENA OROZCO
(Name of Contact Person)

MARIA ELENA OROZCO PA
(Firm/Company)

2608 NW 7TH AVE
(Address)

WILTON MANOR FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA ELENA OROZCO at (954) 564-3447
(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:

MARIA ELENA OROZCO P.A.

SECOND: The document number of the corporation (if known): PO 4000 148 023

THIRD: The date dissolution was authorized: 1/5/07

Effective date of dissolution if applicable: 12/31/06
(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)

FILED
07 APR 10 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: X [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)

MARIA ELENA OROZCO
(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: MARIA ELENA DRIZCO 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:

INVOICES & SUPPORTING DOCUMENTS

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

2608 NW 74th Ave
WILTON MANOR FL 33311

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.

MARIA ELENA DRIZCO X [Signature]
Printed Name of the Person Filing Signature of the Person Filing