

P04000157505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

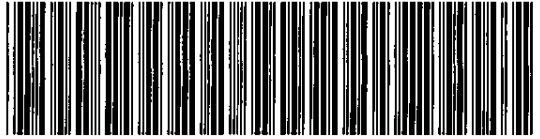
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200113374722

01/10/08--01014--027 **35.00

Effective date
2/1/08
voided w/ notice
them
1/15/08
FILED
2008 JAN 10 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P04000157505

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

Please return all correspondence concerning this matter to the following:

Deborah Kish Johansen

(Name of Contact Person)

The Johansen Law Firm, LLC

(Firm/Company)

333 Perry Street, Suite 208

(Address)

Castle Rock, CO 80104

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Kish Johansen

(Name of Contact Person)

at (303) 688-1381

(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

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:
Deborah Kish Johansen, P.A.

SECOND: The document number of the corporation (if known): P04000157505

THIRD: The date dissolution was authorized: 1/2/08

Effective date of dissolution if applicable: 2/1/08
(no more than 90 days after dissolution file date)

2008 JAN 10 PM 3:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: Adoption of Dissolution (CHECK ONE)

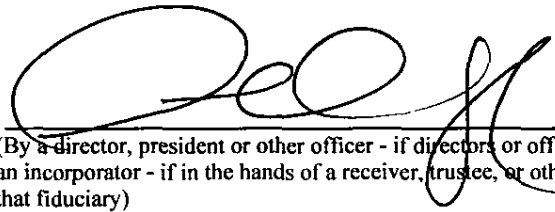
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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)

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)

Deborah Kish Johansen
(Typed or printed name of person signing)

President/Sole Shareholder
(Title of person signing)

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: Deborah Kish Johansen, 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:

Payee Amount, Date Debt Incurred, Time for Payment, Contact person, address and phone number.

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

Deborah Kish Johansen

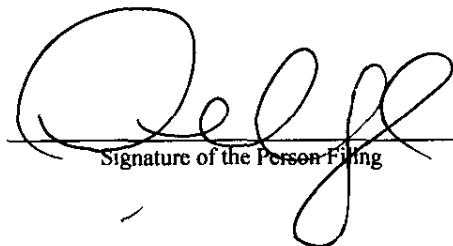
333 Perry Street, Suite 208

Castle Rock, CO 80104

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.

Deborah Kish Johansen

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