

PO5000017087

(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



700061080997

06/12/06--01015--017 **35.00

FILED
06 JUN 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 16 2006

Dissemination Office

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Irma Cecilia Gomez P A

DOCUMENT NUMBER: P05000017087

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

Please return all correspondence concerning this matter to the following:

Irma Cecilia Gomez

(Name of Contact Person)

Irma Cecilia Gomez P A

(Firm/Company)

11847 SW 93 Terrace

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Irma Cecilia Gomez

(Name of Contact Person)

at (305) 300-6004

(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:

FILED
06 JUN 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Irma Cecilia Gomez P A .

SECOND: The document number of the corporation (if known): P05000017087

THIRD: The file date of the articles of incorporation: 02/02/2005

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.)

IRMA Cecilia Gomez

(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: Irma Cecilia Gomez 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:

Date Claim Incurred

Nature of Claim

Amount of Claim

Entity Presenting the Claim

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

Irma Cecilia Gomez

11847 SW 93 Terrace

Miami, FL 33186

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.

IRMA Cecilia Gomez
Printed Name of the Person Filing

Cecilia Gomez Lo
Signature of the Person Filing

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