

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

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2012 APR 26 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**DISSOLUTION OR WITHDRAWAL
SILVANA ZIRULNIKOFF PA**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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Fax Server



April 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SILVANA ZIRULNIKOFF PA
16445 COLLINS AVENUE
1628
SUNNY ISLES BEACH, FL 33160US

SUBJECT: SILVANA ZIRULNIKOFF PA
REF: P05000046879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please remove the comma after the word Zirulnikoff in the name of the corporation in the first paragraph of the Articles of Dissolution form and also from the Notice of Dissolution form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000112678
Letter Number: 912A00012750

RECEIVED

12 APR 26 AM 8:08

REGULATORY SPECIALIST II
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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ATX1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVANA ZIRULNIKOFF PA

DOCUMENT NUMBER: P05000046879

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

Please return all correspondence concerning this matter to the following:

SILVANA ZIRULNIKOFF

(Name of Contact Person)

SILVANA ZIRULNIKOFF PA

(Firm/Company)

17560 ATLANTIC BOULEVARD, STE 501

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVANA ZIRULNIKOFF

(Name of Contact Person)

at (305)332-4565

(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

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ATX1

2012 APR 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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:

SILVANA ZIRULNIKOFF, PA

SECOND: The document number of the corporation (if known): P05000046879

THIRD: The date dissolution was authorized: 4/25/2012

Effective date of dissolution if applicable: 4/25/2012

(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)

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)

SILVANA ZIRULNIKOFF

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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ATX1

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: SILVANA ZIRULNIKOFF 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:

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

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.

SILVANA ZIRULNIKOFF

Printed Name of the Person Filing



Signature of the Person Filing