

P05000053648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

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10/09/09--01015--020 **35.00

FILED
2009 OCT -9 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis. w/ Notice

TB

OCT 12 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORP.

DOCUMENT NUMBER: ?

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

Please return all correspondence concerning this matter to the following:

ARLENE TERRINONI
(Name of Contact Person)

ARLENE TERRINONI P.A.
(Firm/Company)

5900 COLLINS AV #402
(Address)

MIAMI BEACH, FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

ARLENE TERRINONI at (305) 868 8571
(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:

ARLENE TERRINONI, P.A.

SECOND: The document number of the corporation (if known): P05000053648

THIRD: The date dissolution was authorized: Oct 2, 2009

Effective date of dissolution if applicable: _____
(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 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)

ARLENE TERRINONI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ARLENE TERRINONI, 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:

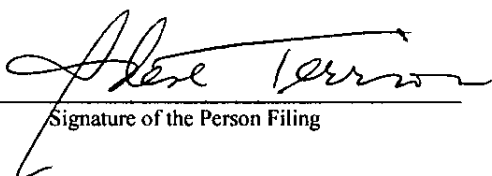
I am dissolving This Corp because I
continually get "Failure to File" reminders
when I usually send them VCT's on time
and have to send a second & third time.

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

5900 Collins Ave #402
Miami Beach, FL 33140

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.

ARLENE TERRINONI
Printed Name of the Person Filing


Signature of the Person Filing