

POB000074181

(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:

180

707

Office Use Only



000306538440

12/18/17--01023--017 \*\*25.00

01/09/18--01021--016 \*\*10.00

18 JAN -8 AM 10:25  
Filing Office  
JAN 9 2018

JAN 09 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2017

ROBIN JOAN HECHT  
ALLSWELL PRESS INC  
2807 NORTH 10TH STREET  
ST. AUGUSTINE, FL 32084

SUBJECT: ALLSWELL PRESS, INC.  
Ref. Number: P05000074181

We have received your document for ALLSWELL PRESS, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

~~There is a balance due of \$10.00.~~ Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young  
Regulatory Specialist II

Letter Number: 417A00025773

RECEIVED  
18 JAN -8 PM 2:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allswell Press Inc.

**DOCUMENT NUMBER:** 705000074181

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

Please return all correspondence concerning this matter to the following:

Joan Hecht  
(Name of Contact Person)

Allswell Press Inc.  
(Firm/Company)

2807 NORTH 10TH STREET  
ST. AUGUSTINE, FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Hecht at ( 904-571-1674 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~\$25~~ 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)  
*#10 remainder*

**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:

Allswell Press Inc.

SECOND: The document number of the corporation (if known): 705000074181

THIRD: The date dissolution was authorized: 12/30/17

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Robin Joan Hecht

(Typed or printed name of person signing)

CEO

(Title of person signing)

18 JAN -8 AM 10:25  
FILED  
TALLAHASSEE, FLORIDA

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: Alls Press Inc.

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, legally acceptable basis for claim, documentation for proof of claim, legal right to claim  
name of person/company filing claim, address of person filing claim

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

2807 NORTH 10TH STREET  
ST. AUGUSTINE, FL 32084

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.

Joan Hecht

Printed Name of the Person Filing

Joan Hecht

Signature of the Person Filing