## PO5000/00806

(Ře	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	<u>.                                    </u>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: EDUARDO RODRIGUEZ, P.A.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDUARDO RODRIGUEZ
(Name of Contact Person)
EDUARDO RODRIGUEZ, P.A.
(Firm/Company)
<i>P.O., BOX 3747</i> (Address)
ORLANDO, FL 32802
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 481 – 0066  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, \$\bigcup \\$Certificate of Status & \$\bigcup \\$Certificate of Status & \$\bigcup \\$Certified Copy & \$\bigcup \\$Certified Cop
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:					
	EDUARDO RODRIGUEZ, P.A.					
SECOND:	The document number of the corporation (if known): P05000122806					
THIRD:	The file date of the articles of incorporation:					
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.					
Sign	(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 counteppointed iduciary, by that fiduciary.)					
	(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:	EDUARDO	RODRI	GUEZ, F	P.A.	
Date of dissolution will be the of specified in the Articles of Diss		ed with the Depa	rtment of State o	r as	
Description of information that	must be included in a cla	aim:			
			<u> </u>		
			****		
Mailing address where claims of	oon he sent: (Claims conn	ot he cent to the	Division of Corr	orations)	
Maning address where claims c	·				
	POST OFF ORLAN	ICE B	OX 374	<u> </u>	
	ORLAN	80, FZ	32802.	3747	
		•			
A claim against the above name within 4 years after the filing of		rred unless a pro	ceeding to enforce	ce the claim is co	ommenced
•					$\overline{}$
					/
EDUARSO RU					
Printed Name o	f the Person Filing		Signature of the	ne Person Filing	)

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