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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL ,
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

**SUBJECT: Dissolution of Corporation** 

#### **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Frank I. Elliott

PPC OF S FLORIDA

15970 W. State Rd 123

Davie, FL: 33326

For further information concerning this matter, please call:

Frank I. Elliott

770-345-8072

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

[X] 35 Filing Fee []\$43.75 Filing Fee & []\$43.75 Filing Fee & []\$52.50 Filing Fee,

Certificate of Status

Certified Copy

Certificate of Status &

(Additional copy is

Certified Copy

enclosed)

(Additional copy is

enclosed)

**MAILING ADDRESS:** 

STREET ADDRESS: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**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:

FIRST:

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

# PPC OF S FLORIDA INC.

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

THIRD: The file date of the articles of incorporation:02/\$5/2006

FOURTH: (CHECK AT LEAST ONE BOX)

<u>IX1</u> None of the corporation's shares have been issued.

I 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)

Signature:

[X] A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

(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.)

Frank I Elliott, President

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: PPC OF S FLORIDA 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:

We are dissolving this Florida Corporation as we have moved to Canton, GA and have started a Georgia corporation. The company was not in operation as of June 30, 3007.

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

3760 Sixes Road, Suite 126 - 259, Canton, GA 30114

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.

Printed Name of the Person Filing

Signature of the Person Filing

Frank I Elliott

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