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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: DEBORAHL'. FOPIANO P.A.		
DOCUMENT NUMBER: P06000 69//8		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DEBORAH FOPIANO (Name of Contact Person)		
(Name of Contact Person)		
DEBORAH L. FOR AND P.A. (Firm/Company)		
(Firm/Company)		
439 N. CRESCENT DRIVE (Address)		
(Address)		
HOLLY WOOD, FR. 33021 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
DEBORAH FOPIANO at (754) 4232360		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \$\frac{1}{2}\$43.75 Filing Fee & \$\times \$\frac{1}{2}\$43.75 Filing Fee & \$\times \$\frac{1}{2}\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (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:
	DEBORAY L. FOPINO P.A.
SECOND:	The document number of the corporation (if known): Po60006 69//8
THIRD:	The date dissolution was authorized: $\frac{\sqrt{2/30/09}}{\sqrt{2}}$
	Effective date of dissolution if applicable: \(\begin{aligned} \lambda \lambda \lambda \lambda \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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
	DIRECTOR SSS
	(voting group)
	Signature: X Location Signature Signature: X In the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	DEBORAH L. FORIAND
	(Typed or printed name of person signing)
	DIRECTION (Title of person signing)

Filing Fee: \$35