PD6000145435

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MAY 07 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Albert E. Moon PA		
DOCUMENT NUMBER: P06000145435		
The enclosed Articles of Dissolution and for	ee are submitted for filing	
Please return all correspondence concerning	g this matter to the follow	ing:
Albert E. Moon		
(Name of C	Contact Person)	
Albert E. Moon PA		
(Firm	n/Company)	
19 West Flagler St., Suite 810		
(Ac	ddress)	
Miami, Fla 33130		
(City/Sta	te and Zip Code)	
For further information concerning this mat	iter, please call:	
Albert E. Moon	at (305 775 6262	
(Name of Contact Person)	(Area Code)	Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
■ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Departmen Albert E. Moon PA	l of Stat	te:
SECOND:	The document number of the corporation (if known):		
ΓHIRD:	The date dissolution was authorized: 3/23/25		
	Effective date of dissolution <u>if applicable:</u> 4/10/25		
	(no more than 90 days after dissolut Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by t	his chaj	pter and
	the articles of incorporation.	-	2025 (1)
			Ē.;
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			.:
Ş	Signature: Mer Signature: (By a director, president or 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, be that fiduciary)	y	
	Albert E. Moon		
	(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: Albert E. Moon PA		
The above named corporation is the subject of dissolution and the effective date of a dissolution is:		
(date filed with the Dept. if date specified in the Articles of Dissolution)		
Description of information that must be included in a claim:		
Date of claim		
Name of person or business bringing claim		
Address and phone of claimant		
Alleorrespondene from claimant to Albert E. Moon PA		
	·-	2695
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporation 19 West Flagler St, Suite 810, Mimi. Fla 33130		
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is within 4 years after the filing of this notice.	comme	encec
Albert E. Moon Printed Name of the Person Filing Signature of the Person Filing		

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