

P07000039007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

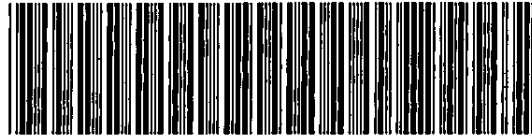
(Document Number)

Certified Copies ☒

Certificates of Status ☒

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FILED
2007 APR 12 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
* Division of Corporations

SUBJECT: Lippman Law Offices, P.A.

DOCUMENT NUMBER: P07000039007

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

Please return all correspondence concerning this matter to the following:

Mark Lippman

(Name of Contact Person)

Lippman Law Offices, P.A.

(Firm/Company)

638 Broadway Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Lippman

(Name of Contact Person)

at (407) 648-4213

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Lippman Law Offices

638 Broadway Avenue

Orlando, Florida 32803

407-648-4213 Telephone

407-839-3948 Facsimile

4/9/2007

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

RE: Documents

To Whom It May Concern:

I made a mistake and incorporated a company instead of simply doing a name change of the corporation. Pursuant to my conversations with your office I am able to do the following:

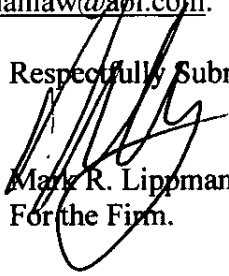
1. Dissolve the new corporation.
2. Provide a letter indicating that I will never revoke the dissolution.
3. Do an amendment which indicates the name change.

In addition to this, I am also submitting a resignation of a director of the firm. Therefore please find the following documents and checks:

1. A letter wherein I indicate that I will never revoke the dissolution of Lippman Law Offices, P.A. as incorporated under document number P07000039007.
2. A dissolution of corporation under Florida Statute §607.1401. (2 copies for the purpose of getting a certificate of status & Certified Copy)
3. Notice of Corporate Dissolution as provided in Florida Statute 607.1407
4. Articles of Amendment. (2 copies for the purpose of getting a certificate of status & Certified Copy)
5. Director Resignation Form as signed by Kendall Horween.

Should there be any questions or if I need to provide further information then please contact me immediately at 407-648-4213 or via email at Lippmanlaw@aol.com. Thank you for your attention to this matter.

Respectfully Submitted,



Mark R. Lippman, Esq.
For the Firm.

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:

Lippman Law Offices, P.A.

SECOND: The document number of the corporation (if known): P07000039007

THIRD: The file date of the articles of incorporation: March 28, 2007

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.

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.)

Mark Lippman

(Typed or printed name of person signing)

Incorporator/Director

(Title of Person Signing)

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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: Lippman Law Offices, P.A.

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:

- ① Who is making the claim?
- ② What the claim amount is?
- ③ What the claim is for?
- ④ Contact information for claimant.

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

638 Broadway Ave
Orlando, FL 32803

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.

Mark Lippman
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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