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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
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APPROVED AND FILED

C. Coulliesse NOV 1 5 2007

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: The Law Office of J. Monet Fauntlerry, P.A. Dissolution
DOCUMENT NUMBER: P\$7\$\$\$\$43672
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAN MONET FAUNTLERCY (Name of Contact Person)
(Firm/Company)
412 E. AMELIA AVENUE (Address)
TAMPA FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
J. Monet Famtlery at (813) 447-0400 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \$\text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
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 607.1403, 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:			
	The Law Office of J. Monet Fauntlewy P.A.			
SECOND:	The document number of the corporation (if known): $\rho \phi + \phi \phi \phi + 3672$			
THIRD:	The date dissolution was authorized: NOVEMBER 7, 2007			
	Effective date of dissolution if applicable: NOIEMBER 7, 2007 (no more than 90 days after dissolution file	e date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entito vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by			
		= _		
	(voting group)	07 NO SECR ALLA		
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		## Y OF		
	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)	07 NOV 13 AM 9: 0 5 SECRETARY OF STATE ALLAHASSEE.FLORIDA		
	Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person gioning)			

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: The Law Office of J. Monet Fauntlewy, 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:

Name of Claimant

Claimant Advess, Phone Number

Nature | Amount of Claim

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

412 E. Amelia Avenue

Jampa, FC 33602

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.

J. Monet Fauntleron

Signature of the Person Filing