

P07000054749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

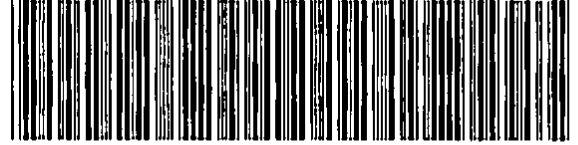
(Business Entity Name)

(Document Number)

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09/28/21--01020--021 **43.75

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OCT 30 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

2021 OCT 26 PM 12:52

SUBJECT: Corporate dissolution

DOCUMENT NUMBER: P07000054749

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

Please return all correspondence concerning this matter to the following:

Cesare Peraglie

(Name of Contact Person)

(Firm/Company)

1314 Celebration Av.

(Address)

Celebration, FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

Lenore Lord Phillips

(Name of Contact Person)

at (

407

(Area Code)

301-3867

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of
Certificate of Status Certified Copy 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2021

CASARE PERAGLIE
1314 CELEBRATION AVE
CELEBRATION, FL 34747

SUBJECT: CESARE PERAGLIE, M.D., P.A.
Ref. Number: P07000054749

We have received your document for CESARE PERAGLIE, M.D., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

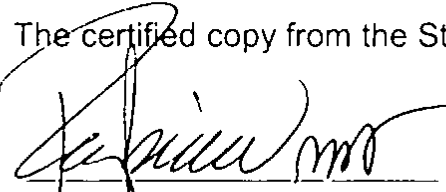
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00024451

I, Cesare Peraglie, hereby certify that the attached ARTICLES OF DISSOLUTION are true and correct. I am the sole shareholder of CESARE PERAGLIE, MD, PA and I am authorized to file.

The certified copy from the State of Florida will follow upon receipt of the document.



Cesare Peraglie

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:

Cesare Peraglie MOPA

SECOND: The document number of the corporation (if known): P07000054749

THIRD: The date dissolution was authorized: 12/31/20

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 this chapter and the articles of incorporation.

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)

Cesare Peraglie

(Typed or printed name of person signing)

President

(Title of person signing)

2021 OCT 26 PM 1:02

Filing Fee: \$35