

P070000 83999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

(Business Entity Name)

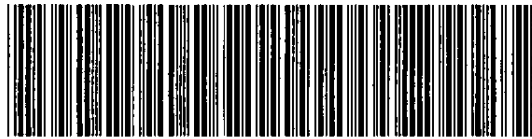
(Document Number)

Certified Copies _____

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Office Use Only



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09/29/09--01025--015 **52.50

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09 NOV 17 AM 9:42
SECRETARY OF STATE
WASHINGTON, D.C. 20520

09 NOV 17 AM 9:42

SECRETARY OF STATE
FALL 1945

V. M. S.

W/Notice

~~CONFIDENTIAL~~ NOV 18 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2009

MERCEDES SALADRIGAS
SALADRIGAS & LEAL, P.A.
7200 NW 7TH STREET, SUITE 100
MIAMI, FL 33126

SUBJECT: SALADRIGAS & LEAL, P.A.
Ref. Number: P07000083999

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE CORPORATE NAME IS INCORRECT ON THE NOTICE OF CORPORATE DISSOLUTION. (?)

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 209A00032132

RECEIVED
2009 NOV 17 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of SALADRIGAS & LEAL, P.A.

DOCUMENT NUMBER: P07000083999

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

Please return all correspondence concerning this matter to the following:

MERCEDES SALADRIGAS

(Name of Contact Person)

SALADRIGAS

(Firm/Company)

7200 NW 7th STREET, SUITE 100

(Address)

MIAMI, FLORIDA 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

MERCY SALADRIGAS

(Name of Contact Person)

at (786) 427-7107

(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

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:

SALADRIGAS & LEAL, P.A.

SECOND: The document number of the corporation (if known): P07000083999

THIRD: The date dissolution was authorized: AUGUST 28, 2009

Effective date of dissolution if applicable: SEPTEMBER 25, 2009

(no more than 90 days after dissolution file date)

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

(voting group)

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)

MERCEDES SALADRIGAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
09 NOV 17 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SALADRIGAS & LEAL, 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:

ON OR ABOUT, AUGUST 28, 2009, LEANDRO O. LEAL AND MERCY SALADRIGAS
AGREED TO DISSOLVE SALADRIGAS & LEAL, P.A. WHEREBY MERCY SALADRIGAS
AGREED TO LEAVE THE PREMISES WHEREBY SALADRIGAS & LEAL, P.A. TRANSACTED
BUSINESS BY SEPT. 1, 2009 WITHOUT A DISTRIBUTION OF ANY ASSETS
AND LEANDRO LEAL AGREED TO BE RESPONSIBLE FOR ANY CLAIMS/DEBTS OF SALADRIGAS & LEAL, P.A.

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

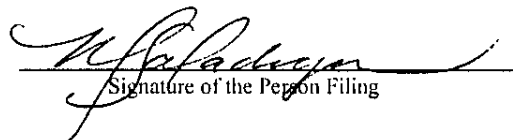
2460 CORAL WAY, FIRST FLOOR

MIAMI, FLORIDA 33145

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.

MERCEDES SALADRIGAS

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