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TO: Amendment Section
Division of Corporations

SUBJECT: LOUISE W. SPIVEY, P.A.

DOCUMENT NUMBER: P0700090871

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

Please return all correspondence concerning this matter to the following:

Louise W. Spivey

(Name of Contact Person)

(Firm/Company)

600 Easton Drive

(Address)

Lakeland, Florida 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

Louise W. Spivey

(Name of Contact Person)

at (863) 683-6511

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
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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
OF
LOUISE W. SPIVEY, P.A.**

Pursuant to the provisions of Section 607.1403, Florida Statutes, as amended, **LOUISE W. SPIVEY, P.A.**, a Florida corporation (Document Number P07000090871), hereby adopts and submits the following Articles of Dissolution for the purpose of dissolving the corporation:

- (1) The name of the corporation is **LOUISE W. SPIVEY, P.A.**
- (2) The date on which the dissolution of the corporation was authorized is January 20, 2015, with the effective date of the dissolution to be January 20, 2015.
- (3) The dissolution was approved by the unanimous written consent of Louise W. Spivey, being the sole Shareholder and Director of the Corporation.

EXECUTED this 20th day of January, 2015.

LOUISE W. SPIVEY, P.A.,
a Florida corporation

By: *Louise W. Spivey*
Louise W. Spivey, President

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CLERK OF COURT
JAN 23 2015

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 20th day of January 2015, by Louise W. Spivey, as President of Louise W. Spivey, P.A., a Florida corporation, on behalf of said corporation. She ☒ is personally known to me or ☐ has produced a Florida driver's license as identification.

(AFFIX NOTARY SEAL)



Marilyn A. Schulze
NOTARY PUBLIC, State of Florida
Print Name: MARILYN A. SCHULZE
My commission expires: 3/29/2018