P07000106336

(Re	equestor's Name)	
(Ac	ddress)	
(A.	idress)	
(AC	idless)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(=-	,	,
(Do	ocument Number)	•
Certified Copies	Certificates	of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Corporate Dissolution of LoreleyM. Dayos HOP
DOCUMENT NUMBER: P07000106336
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
LORELEY M. DUYOS MD PA. (Firm/Company)
3891 SW 125 CT (Address)
Miami FL 33175 (City/State and Zip Code)
For further information concerning this matter, please call:
Loreley Duyor at (305) 801-6588 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sumset\$ \$\sums
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 607.1401, 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:	
	LORELEY M. Duyos, MD. PA	_
SECOND:	The document number of the corporation (if known): P07000106	336
THIRD:	The file date of the articles of incorporation: $09/24/2007$	
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.	
	The net assets of the corporation remaining after winding up have been distribted to the shareholders, if shares were issued.	outed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	,
	A majority of the directors authorized the dissolution.	t with
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trusteelor other court appointed fiduciary, by that fiduciary.)	orporator - if
	LORELEY M. Duyos (Typed or printed name of person signifig)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

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: LCRELEY M. DUYOS, MD. PA
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
No longer is working.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3891 SW 125 CT
Mi Ami F1 33175
(305) 801-6588 - LORETEN DUYOS
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.
Loreley M. Doyos 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