

PO7000111948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12/31/16

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16 DEC 30 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dissolution w/notice

DEC 30 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of ABL Case Management, Inc.

DOCUMENT NUMBER: P07000111948

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

Please return all correspondence concerning this matter to the following:

Roland Berthold

(Name of Contact Person)

ABL Case Management, Inc.

(Firm/Company)

3389 SHERIDAN ST, NO 214

(Address)

HOLLYWOOD, FL 33021 US

(City/State and Zip Code)

For further information concerning this matter, please call:

Roland Berthold

at 305-206-3838

(Name of Contact Person)

(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

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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:
ABL CASE MANAGEMENT, INC.

SECOND: The document number of the corporation (if known): P07000111948

THIRD: The date dissolution was authorized: 12/5/16

Effective date of dissolution if applicable: 12/31/2016
(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: 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

yes

(voting group)

Signature: R. Berthold

(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)

Roland Berthold

(Typed or printed name of person signing)

Director/ President

(Title of person signing)

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TALLAHASSEE, FLORIDA

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: ABL CASE MANAGEMENT, INC.

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:

ABL CASE MANAGEMENT, INC. is out of business due to solvency issue

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

3389 SHERIDAN ST, NO 214 HOLLYWOOD, FL 33021 US

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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.

Roland Berthold

Printed Name of the Person Filing

R. Berthold
Signature of the Person Filing