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(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne), . · · · :
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
PALLAHASSEE, FI OBIA.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Booth & Associates P.A.		
DOCUMENT NUMBER: PO 7000 123 6 98		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Richard C Booth (Name of Contact Person)		
Booth + AssociAtes P.A. (Firm/Company)		
(Firm/Company)		
102 EAST GRANADA BLUD. (Address)		
ORMOND BEACH Flue 12 32176 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (38%) 673-6733 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 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:
	Booth + AssociAtes P.A.
SECOND:	The document number of the corporation (if known): PO7000 123698
ΓHIRD:	The file date of the articles of incorporation: 11 11/07
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
٠,	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
	(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.)
	Kichard C Tooth
	(Typed or printed name of person signing)
	AH) - Pres.
	(Title of Person Signing)
	/

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: Sooth + ASSOCIAtes F.A.
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:
NAME-Address-AMOUNT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Charl CICoth 102

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.

Printed Name of the Person Filing

Signature of the Person Filing