# P08 000 032193

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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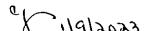
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Articles of Dissolution for SPP MANAGEMENT SERVICES, INC.  SUBJECT:		
P08000032193 DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PABLO H. GONZALEZ		
(Name of Contact Person)		
PABLO GONZALEZ LAW PA		
(Firm/Company)		
1188 COMMERCE PARK DR., #3003		
(Address)		
ALTAMONTE SPRINGS FL 32714		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
PABLO H. GONZALEZ 407 467 1955 at (		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
■\$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

#### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following

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of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: SPP MANAGEMENT SERVICES, INC. P08000032193 SECOND: The document number of the corporation (if known): OCTOBER 6 2022 THIRD: The date dissolution was authorized: **DECEMBER 31 2022** Effective date of dissolution if applicable: (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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. 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) SHAUKATALI PARPIA (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35

(Title of person signing)

# **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:	
The above named corporation is the subject of dissolution and DECEMBER 31 2022	the effective date of a dissolution is:
(date filed with the Dept. if date spec	ified in the Articles of Dissolution)
Description of information that must be included in a claim:	
PLEASE PROVIDE, NAME, ADDRESS, CONTACT INFORMAT	TON, AND SHORT STATEMENT OF CLAIM.
SEND TO 1188 COMMERCE PARK DR., #3003 ALTAMONTE S	PRINGS FL 32714.
Mailing address where written claims can be sent: (Claims can	not be sent to the Division of Corporations)
1188 COMMERCE PAR DR., #3003 ALTAMONTE SPRINGS FL	32714
A claim against the above named corporation will be barred us within 4 years after the filing of this notice.	nless a proceeding to enforce the claim is commenced
SHAUKATALI PARPIA	Show
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