

P08600067918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

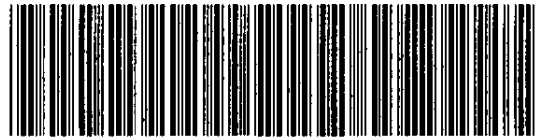
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 DEC 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FDISS
12/31/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 163rd ST Pain Clinic Inc Dissolution

DOCUMENT NUMBER: P08000067918

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

Please return all correspondence concerning this matter to the following:

Odijas Caminha

(Name of Contact Person)

Quicktax Accounting

(Firm/Company)

2385 NW Executive Center Drive Ste 100

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Odijas Caminha

(Name of Contact Person)

at (561) 962-2855

(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

corporation submits the fe

corporation submits the fe

163rd ST. Pain Clinic Inc

P08000067918

12/15/09

12/31/2009

(no more than 90 days after dissolution file date)

Adoption of Dissolution (CHECK ONE)☒

□

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

(voting group)

Inna

(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)

Michael Rose

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
09 DEC 28 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA