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(Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MICHAEL C	. SLOTNICK, P.A.			_
DOCUMENT NUMBE	PO8000075493	······································		
The enclosed Articles o	f Dissolution and f	ee are submitted for filing	<u>.</u>	
Please return all corresp	ondence concerning	g this matter to the follow	ing:	
Michael C. Slotnick				
	(Name of	Contact Person)		
Michael C. Slotnick, P.A.				
	(Firm	n/Company)		-
10340 SW 96th Terrace			,	202
	(A	ddress)	<u>.</u> -	
Miami, Fl. 33176				<u>က</u> <u>ယ</u>
	(City/Sta	te and Zip Code)		992 AUS 31 - PH
For further information concerning this matter, please call:		1:23		
Michael C. Slotnick		at (305-338-2930		
(Name of Cor	ntact Person)		(Daytime Telephone N	lumber)
Enclosed is a check for t	the following amou	nt:		
■ \$35 Filing Fee □ \$4 Ce	43.75 Filing Fee & rtificate 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:		Street Address:		
Amendment Section		Amendment Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607,1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

riksi:	MICHAEL C. SLOTNICK, P. A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: August 22, 2022
	Effective date of dissolution if applicable: October 1, 2022 (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.
5	Signature: Chick G. Society (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)
	Michasel C. Slotnick
	(Typed or printed name of person signing)
	President
	(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.

Michael C. Słotnick, P.A. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: October 1, 2022 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Name, telephone number and address of claimant. Basis of claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 10340 SW 96th Terrce, Miami, FL 33176 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. Michael C. Slotnick Signature of the Person Filing Printed Name of the Person Filing