## P08000109669

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Roshan Patel, P	P.A.
DOCUMENT NUMBER: P08000109669	
The enclosed Articles of Dissolution and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
ROSHAN PATEL	
(Name of Contact Per	rson)
ROSHAN PATEL, P.A.	
(Firm/Company	<b>(</b> )
10434 GREENMONT DR.	
(Address)	
TAMPA, FL 33626	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
ROSHAN PATEL at (	727 <sub>)</sub> 251-3103
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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

## 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:	
	ROSHAN PATEL, P.A.	
SECOND:	The document number of the corporation (if known): P08000109669	
THIRD:	The file date of the articles of incorporation: 12/18/2008	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	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.	
Signa	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hards of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	ROSHAN PATEL	
	(Typed or printed name of person signing)	
	OWNER/Prisident (Title of Person Signing)	

Filing Fee: \$35

## Notice of Corporate Dissolution

	mitted by the dissolved corporation named below for resolution of payment of unknown claims ration as provided in s. 607.1407, F.S.
This "Notice of C	Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corpora	tion: ROSHAN PATEL, P.A.
	on will be the date the dissolution is filed with the Department of State or as rticles of Dissolution.
Description of inf	formation that must be included in a claim:
THE CORP	ORATION ROSHAN PATEL, P.A. HAS NOT CONDUCTED BUSINESS
THEREFOR	RE I AM DISSOLVING THIS CORPORATION.
Mailing address v	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	10434 GREENMONT DR.
-	TAMPA, FL 33626
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	ne above named corporation will be barred unless a proceeding to enforce the claim is commenced er the filing of this notice.
ROSHAN P	PATEL  Printed Name of the Person Filing  Signature of the Person Filing
	CORRECT NAME OF the Letyon Linds Nonaute of the Letyon Linds

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00