

PO8000111354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000167265490

02/22/10--01035--019 \*\*35.00

*UD/wth or*

FILED  
10 FEB 22 PM 4:23  
FEDERAL BUREAU OF INVESTIGATION  
FALLAHASSEE, FLORIDA

Roberts FEB 24 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sonia Vockell LCSW, CAP, INC

**DOCUMENT NUMBER:** PO 8600 11354

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

Please return all correspondence concerning this matter to the following:

Sonia Vockell

(Name of Contact Person)

Sonia Vockell LCSW CAP INC

(Firm/Company)

495 ROBERTS RD.

(Address)

JAX., FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Vockell

(Name of Contact Person)

(904) 472-8621

at (904) 287-1896

(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

February 17, 2010

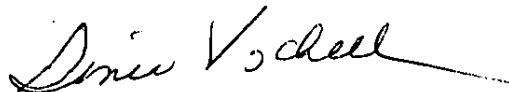
Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Sonia S. Vockell LCSW CAP, Inc.

Dear Sirs:

**This is to acknowledge the Dissolution of the above corporation.  
I am including the \$35.00 that is needed to complete the transaction.**

Sincerely,

A handwritten signature in cursive script that reads "Sonia S. Vockell". The signature is written in black ink and has a long, sweeping horizontal line extending to the right.

Sonia S. Vockell,  
President

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:

Sonia Vockell LCSW CAP, Inc

SECOND: The document number of the corporation (if known): PD 800011354

THIRD: The date dissolution was authorized: 12-16-2010

Effective date of dissolution if applicable: 1-5-2010  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

*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

Sonia Vockell  
(voting group)

FILED  
10 FEB 22 PM 4:23  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

Signature: Sonia Vockell  
(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)

Sonia Vockell  
(Typed or printed name of person signing)

President  
(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: Sonia Vockell LCSW CAP, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

name, address, phone number.  
IDENTIFICATION OF CLAIM  
CLAIM NUMBER AND DESCRIPTION  
AMOUNT OF CLAIM  
ADDITIONAL PERTINENT INFO

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

495 Roberts Rd  
JACKSONVILLE, FL 32259

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.

Sonia Vockell

Printed Name of the Person Filing

Sonia Vockell

Signature of the Person Filing

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