

909000033664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

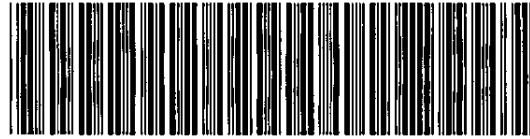
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263255364

08/18/14--01052--023 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 AM 11:22

Dissolution Inactive Corp

COVER LETTER

TO: Amendment Section
Division of Corporations

Articles of Dissolution

SUBJECT: _____

P09000033664

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Heather Case

(Name of Contact Person)

Law Offices of Heather S. Case, P.A.

(Firm/Company)

18403 Royal Hammock Blvd

(Address)

Naples, FL. 34114

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Case

239

300-1725

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 & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 OCT 14 PM 3:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 22, 2014

HEATHER CASE
LAW OFFICES OF HEATHER S. CASE, P.A.
18403 ROYAL HAMMOCK BLVD
NAPLES, FL 34114 US

SUBJECT: LAW OFFICES OF HEATHER S. CASE, P.A.
Ref. Number: P09000033664

We have received your document for LAW OFFICES OF HEATHER S. CASE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The Description of Information section on the Notice of Corporate Dissolution must be completed with the information that should be included in a claim should someone file a claim against the dissolved corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 714A00018175

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:
Law Offices of Heather S. Case, P.A.

P09000033664

SECOND: The document number of the corporation (if known):
December 31, 2013

THIRD: The date dissolution was authorized: December 31, 2013
Effective date of dissolution if applicable: (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

(voting group)

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)

Heather S. Case

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 AM 11:22

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.

Law Offices of Heather S. Case, P.A.

Name of Corporation: _____

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:

Nature of claim with specific facts alleged. (with copies of any invoices

or contracts/purchase orders).

Date(s) of services and amount(s)

owed, description of services; identify
person in firm alleged to have authorized
purchase of products or services.

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

18403 Royal Hammock Blvd.

Naples, FL 34114

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.

Heather S. Case



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