P09000045007

		•
(Re	equestor's Name)	
. (Ad	dress)	
(Ad	ldress)	
· (Cit	ty/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Filone	σπ)
PłCK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nan	ne)
	•	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300185717913

09/22/10--01029--001 **43.75

10,SEP,22 AM 9: 36

AHD155. AND105. May 9/3/10

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF FRANK ALBEAR P.A.
Sobject.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK ALBEAR
FRANK ALBEAR (Name of Contact Person)
FRANK ALBEAR, P.A. (To be dissolved herewith) (Firm/Company)
(Firm/Company)
10264 151 LN N 30,000,000 150,
(Address) には (Address) に に に は は に に は は な に に は な に に は な に に は な に に は な に に は な に に は な に に は な に に は な に に な に な
(City/State and Zip Code) (City/State and Z
For further information concerning this matter, please call:
FRANK ALBEAR (Name of Contact Person) at (561) 252-2367 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is Certified Copy
enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 22661 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: FRANK ALBEAR, P.A.		
SECOND: THIRD:	The document number of the corporation (if known): $\frac{P0900045607}{5/22/2009}$		
FOURTH:	(CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued.		
FIFTH:	The corporation has not commenced business. No debt of the corporation remains unpaid.	ν.	
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.	10 SEF	SECRE TALLAH
	A majority of the directors authorized the dissolution.	SEP 22 AM	TARY OF S
Sign	(By a director, president of other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	9 . (၂၀) - if	STATE ORIDA

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.

Name of Corporation: FRANK ALBEAR, P.A.

	Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
	Description of information that must be included in a claim:
Ž.	NAME, ADDRESS, TELEPHONE NUMBER OF CLAIMANT.
2.	NATURE OF CLAIM.
3,	DATE GOOD OR SERVICE OR OTHER SUBJECT OF CLAIM WAS
	PROVIDED TO FRANK ALGEAR, P.A.
	AMOUNT OF CLAIM.
	Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	10264 151 LN N
	10264 151 LN N JUPITER, FL 33478

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.

FRANK ALBEAR

Printed Name of the Person Filing

Signature of the Person Filing