## 209000080759

(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:
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
AN 21 AN 21 AN 21 AN 31
FRE JIO JAN



300165693343

01/19/10--01008--003 \*\*25.00

02/10/10--01008--004 \*\*10.00

PILLE 10 FEB -8 PH 1: 29 SECRETARY OF STATE SECRETARY OF STATE

mand

C. VOJG9

## **COVER LETTER**

-TO: Amendment Section

Division of Corporations	
SUBJECT: PHILIP SANTANELLI, P.A.DD. CORPORATION	
DOCUMENT NUMBER: P09000 80759	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PAILIP SANTAMELLI, P.A. W.D. JR. (Name of Contact Person)	
(Name of Contact i cison)	
(Firm/Company)	
12815 HAMPTON LAKES CIR., (Address)	
BOYNTON BEACH, FLORIDA 33436 (City/State and Zip Code)	
For further information concerning this matter, please call:	
PHILID SKATAMELL, PAOR at (561) 901 -9172  (Name of Contact Person) (Area Code & Daytime Telephone Number)	— )
Enclosed is a check for the following amount: #16.	
\$\ \text{\$\subset\$\$35 Filing Fee } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2010

PHILIP SANTANELLI, P.A.D.D. CORPORATION PHILIP SANTENELLI, P.A.D.D. CORPORATION 12815 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436

SUBJECT: PHILIP SANTANELLI, P.A.D.D. CORPORATION

Ref. Number: P09000080759

We have received your document for PHILIP SANTANELLI, P.A.D.D. CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 310A00002192

ဆ Ξ

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

	The name of the corporation as currently filed with the Florida Department	of State:	
FIRST:	PHILIP SANTANEILI P.A.D.D. CORPORE	TioH	
	100 000000 Committee Commi	759	
SECOND:	The document number of the corporation (if known).	1-4 2009	
THIRD:	The file date of the articles of incorporation: SENTEMBER 29	771)-	
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. NOHE		
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued. No SHARES WERE 7 934	striber 10 FE	
SEVENTH	H: Adoption of Dissolution (CHECK ONE)	B-8 IARY ASSE	-
	A majority of the incorporators authorized the dissolution.	PH OF S	
	A majority of the directors authorized the dissolution.	1:29 TATE ORIDA	
Sig	(By a diffector, president of other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorporator - if	
	PHILID SANTANELLI PA.D.D. JR. (Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35