## P10000051078

(Re	questor's Name	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** DISSOLUTION OF VIVIAN L. CANALS, P.A. SUBJECT: P10000051078 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VIVIAN L. CANALS (Name of Contact Person) (SELF) (Firm/Company) 7120 CROMWELL PARK LANE (Address) APOLLO BEACH, FL 33572 (City/State and Zip Code) For further information concerning this matter, please call: VIVIAN L. CANALS (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: **STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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: VIVIAN L. CANALS, P.A.		
SECOND:	document number of the corporation (if known):		
THIRD:	le date of the articles of incorporation: FILED 06/17/2010, DISSOLVED 02/02/2016		
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.		
Sign	ature:  (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.)		
	VIVIAN L. CANALS		
	(Typed or printed name of person signing)		
	INCORPORATOR, PRESIDENT AND DIRECTOR		
	(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:\_ VIVIAN L. CANALS, P.A. 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: FULL AND COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER OF CLAIMANT. THE AMOUNT OF THE CLAIM. COMPLETE INFORMATION OF THE NATURE OF THE CLAIM, INCLUDING THE DATE THE CLAIM AROSE, THE LEGAL BASIS OF THE CLAIM, COPIES OF UNPAID INVOICES (IF ANY), COPIES OF ALL CONTRACTS (IF ANY) AND COPIES OF PREVIOUS CORRESPONDENCE REGARDING THE CLAIM (IF ANY). Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) VIVIAN L. CANALS 7120 CROMWELL PARK LANE APOLLO BEACH, FL 33572 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. VIVIAN L. CANALS

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

Printed Name of the Person Filing