P1/000092258

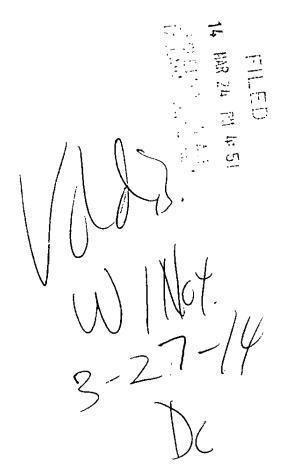
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations		
SUBJECT: The Daniel La	aw Firm, Inc.	
DOCUMENT NUMBER: P1	1000092258	
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning		
Timothy	Daniel	
(Name of Contact Person)		
The Daniel Law Firm, Inc.		
(Firm/Company)		
39 Beech	wood Drive	
	ldress)	
Ormond Bo	each, FL 32176	
(City/State	e and Zip Code)	
For further information concerning this matter, please call:		
Timothy Daniel	at (386) 416-9379	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amoun	nt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	

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: The Daniel Law Firm, Inc.		
SECOND:	The document number of the corporation (if known): P11000092258		
THIRD:	The date dissolution was authorized: March 4, 2014		
	Effective date of dissolution if applicable: March 5, 2014		
FOURTH:	(no more than 90 days after dissolution file date) 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) Note that the state of the s		
	(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)		
	Timothy Daniel		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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.

The Daniel Law Firm, Inc. 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: Detailed invoice of any alleged outstanding money owed. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) **Timothy Daniel** 33 Beechwood Drive Ormond Beach, FL 32176 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. Timothy Daniel

Signature of the Person Filing

Printed Name of the Person Filing