P11000105640

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: DISSOLUTION OF MY CORPORATION
DOCUMENT NUMBER: P11000105640
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTY GILLESPIE (Name of Contact Person)
CHRISTY CILLESPIE AP DOM PA (Firm/Company)
(Address)
ANDERSON IN 46011 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 939.9413 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
X \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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:		
	CHRISTY GILLESPIE AP DOM PA		
SECOND:	The document number of the corporation (if known): Plioco105 ide	<u> </u>	
THIRD:	The file date of the articles of incorporation: $\frac{12}{13}$		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been disto the shareholders, if shares were issued.	tributed	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.		
Sign	nature:		
-19.	(By a director, president or other officer - in directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ator - if	
	CHRISTY GILLESPIE (Typed or printed name of person signing)	2020 .	
	OWNER PRESIDENT (Title of Person Signing)		
	Filing Fee: \$35	M: 8: 41	