

P13000025696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

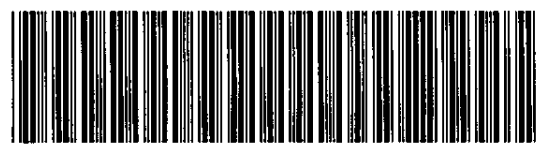
(Business Entity Name)

(Document Number)

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2015 JAN 20 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amr Diss  
w/notice  
@ 1/20/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for Law Office of Shachar Spiegel, P.A.

**DOCUMENT NUMBER:** P13000025696

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shachar D. Spiegel

(Name of Contact Person)

Law Office of Shachar Spiegel, P.A.

(Firm/Company)

7827 Granville Drive

(Address)

Tamarac, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

Shachar D. Spiegel

(Name of Contact Person)

at ( 904)-8571477

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 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  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2014

SHACHAR D. SPIEGEL  
LAW OFFICE OF SHACHAR SPIEGEL, P.A.  
7827 GRANVILLE DRIVE  
TAMARAC, FL 33321

SUBJECT: LAW OFFICE OF SHACHAR SPIEGEL, P.A.  
Ref. Number: P13000025696

We have received your document for LAW OFFICE OF SHACHAR SPIEGEL, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 414A00027526

RECEIVED  
15 JAN 20 PM 1:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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:

Law Office of Shachar D. Spiege.l

SECOND: The document number of the corporation (if known): P13000025696

THIRD: The date dissolution was authorized: 09/07/2014

Effective date of dissolution if applicable: 09/07/2014

(no more than 90 days after dissolution file date)

FOURTH: 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)

Signature: \_\_\_\_\_

(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)

Shachar D. Spiegel

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
2015 JAN 20 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Law Office of Shachar Spiegel, 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:

Name of the person filing the claim, including, but not limited to, phone number, fax number, mailing address, physical address.

name of company, corporation or any and all other entity the claim is being filed under, the name of the legal representative, including their phone number, fax number, and address.

Additionally, any claim shall contain the dates and times applicable to the involvement with the Law Office of Shachar D. Spiegel, P.A.

Any and all information relating to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Law Office of Shachar Spiegel, P.A.

c/o Shachar D. Spiegel, Esquire

7827 Granville Drive

Tamarac, Florida 33321

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.

Shachar D. Spiegel

Printed Name of the Person Filing



Signature of the Person Filing

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