P13000025196

(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:

Office Use Only

700267722627

12/29/14--01003--013 **35.00

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

Amd Diss
w/notice
CA 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

15 JAN 20 PM 1:22

# 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)

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

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**

# 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**