

P13000054334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

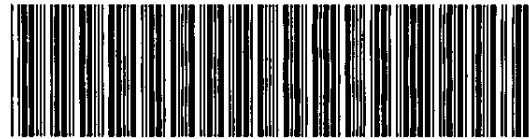
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700252254457

10/29/13--01029--002 \*\*10.00

10/07/13--01019--002 \*\*25.00

FILED  
13 OCT 25 PM 5:00  
CLERK OF SUPERIOR COURT  
JANUARY 10 2013

Vddis  
w/Notice  
10/30/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2013

ALEXANDRE BALLERINI  
ALEXANDRE BALLERINI P.A.  
927 LINCOLN ROAD, SUITE 200  
MIAMI BEACH, FL 33139

SUBJECT: BALLERINI & BAUER P.A.  
Ref. Number: P13000054334

We have received your document for BALLERINI & BAUER P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Darlene Connell  
Regulatory Specialist II

Letter Number: 513A00024108

RECEIVED  
13 OCT 25 AM 11:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BALLERINI & BAUER P.A.

**DOCUMENT NUMBER:** P13 0000 54334

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

Please return all correspondence concerning this matter to the following:

ALEXANDRE BALLERINI

(Name of Contact Person)

ALEXANDRE BALLERINI P.A.

(Firm/Company)

927 LINCOLN ROAD, SUITE 200

(Address)

MIAMI BEACH, 33139, FL.

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRE BALLERINI

(Name of Contact Person)

at ( 305 ) 507 9699

(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

## 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:

BALLERINI & BAUER P.A.

SECOND: The document number of the corporation (if known): P13000054334

THIRD: The file date of the articles of incorporation: 06/25/2013.

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.

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.)

Alexander Ballerini

(Typed or printed name of person signing)

President

(Title of Person Signing)

DEPT. OF STATE  
FILING OFFICE  
TALLAHASSEE, FLORIDA

13 OCT 25 PM 5:00

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: BALLERINI & BAUER 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:

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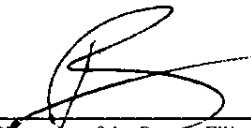
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ALEXANDRE BALLERINI P.A.  
927 LINCOLN ROAD, SUITE 200.  
MIAMI BEACH, FL, 33139.

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.

Alexandre Ballerini

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**