

P 13 000056416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

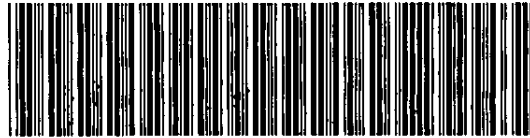
(Business Entity Name)

(Document Number)

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05/03/16--01008--003 \*\*35.00

2016 MAY 27 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 01 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2016

ALEJANDRA ECHECERRI  
PO BOX 7773  
ROUND ROCK, TX 78683

SUBJECT: ALEJANDRA ECHEVERRI, PA  
Ref. Number: P13000056416

We have received your document for ALEJANDRA ECHEVERRI, PA 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 attached form must be completed in order to file the document.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 616A00009305

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Alejandra Echeverri P.A.

**DOCUMENT NUMBER:** P13000056416

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

Please return all correspondence concerning this matter to the following:

Alejandra Echeverri  
(Name of Contact Person)

PO BOX 7773  
(Firm/Company)

Round Rock, TX 78683  
(Address)  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alejandra Echeverri at (786) 4008553  
(Name of Contact Person) (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)

↳ Already paid the first time I sent the documents.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

wcheck  
#361.

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attached is copy of cleared check!

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Alejandra Echeverri, P.A.

SECOND: The document number of the corporation (if known): P13000056416

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

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TALLAHASSEE, FLORIDA

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

The date of meeting of members at which the resolution to dissolve was adopted

04/27/2016. The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 04/27/2016

The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 04/27/2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: [Signature]

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Alejandra Echeverri

(Typed or printed name of person signing)

Manager President

(Title of person signing)

## 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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Alejandra Cheverri 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:

N/A

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

N/A

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.

Alejandra Cheverri  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing