

PI3000091633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000263655850

12/23/14--01031--008 **10.00

09/02/14--01029--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 23 PM 12:39

C. Lewis
12-24-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

KIMBERLY WHITE
499 CORTE MADERA LANE UNIT 6
WEST PALM BEACH, FL 33401 US

SUBJECT: KIMBERLY WHITE, PA
Ref. Number: P13000091633

We have received your document for KIMBERLY WHITE, PA 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00019767

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIMBERLY WHITE, PA

DOCUMENT NUMBER: P13000091633

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

Please return all correspondence concerning this matter to the following:

KIMBERLY WHITE
(Name of Contact Person)

(Firm/Company)

499 CORTE MADERA LANE #6
(Address)

WEST PALM BEACH FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY WHITE at (770) 842 7565
(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)
- \$10

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 607.1403, 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:

KIMBERLY WHITE, PA

SECOND: The document number of the corporation (if known): P13000091633

THIRD: The date dissolution was authorized: AUGUST 27, 2014

Effective date of dissolution if applicable: _____
(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)

KIMBERLY WHITE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
14 DEC 23 PM 12:39

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: KIMBERLY WHITE, PA

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:

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

499 CORTE MADERA LANE #6
WEST PALM BEACH, FL 33401

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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.

KIMBERLY WHITE
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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