# P14000069702

(Req	uestor's Name)	
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R. Walte

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## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
SUBJECT: <u>Yarnelle</u>	Pestonit	, P.A.
DOCUMENT NUMBER: P14000069702		
The enclosed Articles of Dissolution and	fee are submitted for fili	ng.
Please return all correspondence concerning	ng this matter to the follo	wing:
YARNELLE PESTONIT		
(Name of	Contact Person)	
YARNELLE PESTONIT, P.A.		
(Fir	m/Company)	<u> </u>
14581 SW 19th St.	,	
(A	(ddress)	
MIAMI, FL 33175		
(City/Sta	ite and Zip Code)	
For further information concerning this ma	tter, please call:	
YARNELLE PESTONIT	at (	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 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	Ame Divis Clifto	EET ADDRESS:  Indiment Section  Sion of Corporations  on Building  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:  YARNELLE PESTONIT, P.A.  The document number of the corporation (if known):  P14000069702					
SECOND:						
THIRD:	The date dissolution was authorized: 4/15/2019					
	Effective date of dissolution if applicable: 4/15/2019					
	(no more than 90 days after disson the listed as the document's effective date on the Department of State's records.	olution file c quirements	late) , this da	ite will		
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	■ Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	dissolı	ution		
	☐ Dissolution was approved by the shareholders through voting groups	š.				
	The following statement must be separately provided for each voting gra- to vote separately on the plan to dissolve:	oup entitl	led .			
	The number of votes cast for dissolution was sufficient for approval by	5-19- 15	2019 APR	(35-1- <del>65</del>		
	(voting group)		19			
		t	Λ'n	را <del>دعرا</del> ا		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary	h, by	8: 50	**************************************		
	that fiduciary)	., .,				
	YARNELLE PESTONIT					
	(Typed or printed name of person signing)	· <del>-</del>				
	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:\_\_\_\_YARNELLE PESTONIT, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 14581 SW 19th St. Miami, FL 33175 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. Printed Name of the Person Filing

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