

P 160000 41903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

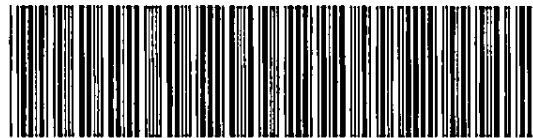
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/18--01016--012 **25.00

02/06/18--01038--002 **10.00

S TALLENT

FEB 08 2018

FILED

18 FEB -5 AM 11:02

CLERK OF COURT
CLERK OF COURT

V/DW
noted



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2018

JEFFREY M. SEIDEN
JEFFREY M. SEIDEN, ESQ., PA
10249 NW 33RD PL
SUNRISE, FL 33351

SUBJECT: JEFFREY M. SEIDEN, ESQ., PA
Ref. Number: P16000041903

We have received your document for JEFFREY M. SEIDEN, ESQ., 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.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00001541

RECEIVED
17 FEB -5 AM 10:13
DIVISION OF CORPORATIONS
TALLENT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P16000041903

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

Please return all correspondence concerning this matter to the following:

Jeffrey Soiden

(Name of Contact Person)

Jeffrey Soiden

(Firm/Company)

10249 NW 33rd PL

(Address)

Sunrise, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Soiden

(Name of Contact Person)

at 954-256-4112

(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)
- (925 already Paid)

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:

Jeffrey M. Soidan, Esq., PA

SECOND: The document number of the corporation (if known): Y16000041403

916000041903

THIRD: The date dissolution was authorized: 1/24/18

1/24/18

Effective date of dissolution if applicable: 11/01/97

Immediately

(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.

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)

Jeffrey S. Cohen

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
18 FEB - 5 AM 11:02
FBI - MASSACHUSETTS
MASSACHUSETTS
entitled

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: Jeffrey M Soiden, Esq., 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:

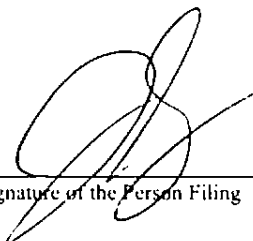
Anything relevant : F any, Name, Number, Email,
Address, Full Details, Supporting documents

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

10249 NW 33rd PL
Sunrise, FL 33351

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.

Jeffrey Soiden
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