

P1160000046999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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17 NOV -6 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VD

R. WHITE

NOV -7 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2017

SCOTT SAUNDERS
1560 HILLCREST AVE
WINTER PARK, FL 32789

SUBJECT: SAUNDERS CHIROPRACTIC COLLEGE PARK, P.A.
Ref. Number: P16000046999

We have received your document for SAUNDERS CHIROPRACTIC COLLEGE PARK, P.A. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Florida for profit corporation. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 317A00017690

RECEIVED
17 NOV -6 PM 2:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Saunders Chiropractic College Park PA.

DOCUMENT NUMBER: P16000046999

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

Please return all correspondence concerning this matter to the following:

Scott Saunders
(Name of Contact Person)

(Firm/Company)

1560 Hillcrest Avenue
(Address)

Winter Park FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Saunders at (305) 360-2375
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- check already received by FL Dept of State*
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

Saunders Chiropractic College Park PA

SECOND: The document number of the corporation (if known): P16000046999

THIRD: The file date of the articles of incorporation: 11-1-17

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.)

Brooks Saunders

(Typed or printed name of person signing)

Director

(Title of Person Signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -6 PM 2:53

FILED

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: Saunders Chiropractic College Park 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*. 11-1-17

Description of information that must be included in a claim:

Litigation

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

1560 Hillcrest Avenue
Winter Park FL 32789

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.

Scott Saunders Scott Saunders
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