

PIN 00000073/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

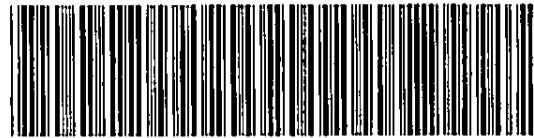
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

678,566

Office Use Only



500312515935

05/02/18--01000--014 **25.00
06/04/18--01000--001 **10.00

EFFECTIVE DATE

6/15

JUN 04 2018
S. YOUNG

FILED
18 JUN -1 AM 9:57
TALLAHASSEE, FLORIDA

FILED
18 JUN -1 AM 10:18
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2018

SANJEET SHAHI
SANJEET SHSHI, O.D., P.A.
2805 SE 30TH STREET
OCALA, FL 34471

SUBJECT: SANJEET SHAHI, O.D., P.A.
Ref. Number: P17000007315

We have received your document for SANJEET SHAHI, O.D., P.A. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 918A00009317

RECEIVED
18 JUN - 1 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve FL Sanjeet Shahi OD, PA

DOCUMENT NUMBER: P17000007315

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

Please return all correspondence concerning this matter to the following:

Sanjeet K Shahi
(Name of Contact Person)

Sanjeet Shahi OD, PA
(Firm/Company)

2805 SE 30th Street
(Address)

Ocala, FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Sanjeet Shahi at (407-952-9681)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: Paid \$25, sending addition \$10

- ☒ \$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)

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:

Sanjeet Shahi OD, PA

SECOND: The document number of the corporation (if known): P17000007315

THIRD: The date dissolution was authorized: 5/2/2018

Effective date of dissolution if applicable: 6/15/2018
(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. Self by President of Company

☐ 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

Dr. Shahi & Associates (Self)
(voting group)
No Shareholders in this company

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)

Sanjeet K Shahi
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
JUN -1 AM 9:57
TALLAHASSEE, FLORIDA

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: Sanjeet Shahi OD, 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*.

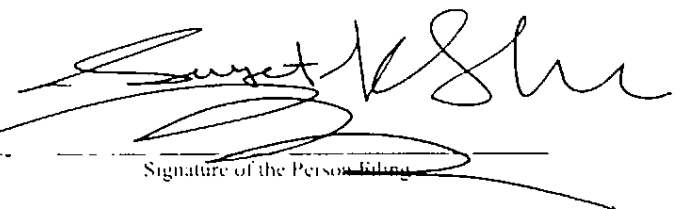
Description of information that must be included in a claim:

Dr. Shahi works full time with department of
Veterans Affairs and no longer need her
company to work in private sector.

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

2805 SE 30th Street
Ocala, FL 34471

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.

Sanjeet K Shahi 
Printed Name of the Person Filing Signature of the Person Filing