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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Law Office of Jenny Salvia, P.A. DOCUMENT NUMBER: The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jenny Salvia (Name of Contact Person) Law Office of Jenny Salvia (Firm/Company) 620 W. Polk Street, Ste 4 (Address) Bartow, FL 33830 (City/State and Zip Code) For further information concerning this matter, please call: Jenny Salvia (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

enclosed)

FILED

ARTICLES OF DISSOLUTION

AM 12: 44

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: Law Office of Jenny Salvia, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
	(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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
•	Signature: Sal
	(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)
	Jenny Salvia
	(Typed or printed name of person signing)
	President
,	(Title of person signing)

Filing Fee: \$35