

P18 0000 88832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

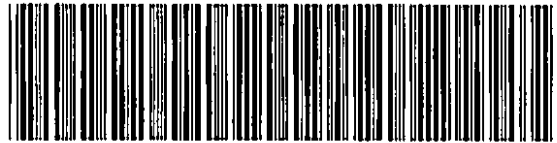
(Business Entity Name)

(Document Number)

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2020. 22 PM 1:00

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## **Richard A. Perry P.A.**

Law Practice

**Richard A. Perry**  
Attorney at Law

820 East Fort King Street  
Ocala, Florida 34471-2320  
(352) 732-2299  
richard@rapocala.com

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June 19, 2020

Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: ADVANCED COUNSELING SERVICES, P.A.  
Document #: P18000088832

The enclosed Articles of Dissolution, filing fee, and fee for certified certificate of status of \$43.75 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Perry  
Richard A Perry, P.A.  
820 E. Fort King St.  
Ocala, Florida 34771-2320

If you need additional information, you may contact me at the number listed above.

Thank you for your assistance in this matter.

Sincerely,



Richard A. Perry

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: Name of the Corporation: ADVANCED COUNSELING SERVICES, P.A.

SECOND: DOCUMENT NO. P18000088832

THIRD: The date dissolution was authorized: June 18, 2020

Effective date of dissolution: June 30, 2020

(no more than 90 days after dissolution file date)

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: \_\_\_\_\_

By: Sophia Grenier

Its: President/Director

2020 JUN 22 11:08

### **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.

**Name of Corporation:** ADVANCED COUNSELING SERVICES, P.A.

**The above named corporation is the subject of dissolution and the effective date of a dissolution is:** June 30, 2020

**Description of information that must be included in a claim:**

Name of individual or company requesting payment; dates of services supplied or date of execution of service contract or purchase order; contact information including address, phone number and email; and brief statement of amount due and basis.

**Mailing address where written claims can be sent:**

SOPHIA GRENIER  
10577 RAIN FOREST RD.  
BROOKSVILLE, FL 34601

**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.**

Sophia Grenier

Signature

