

P19 000032996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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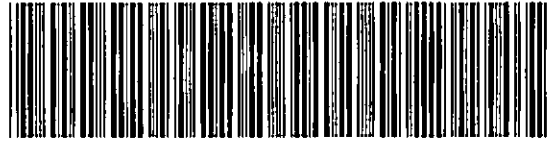
Q. SILAS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 28 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FL

February 11, 2022

MIGUEL LOPEZ  
930 COSTA MESA LANE  
KISSIMMEE, FL 34744

SUBJECT: MIGUEL LOPEZ PA  
Ref. Number: P19000032996

We have received your document 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):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. It appears you are wanting to file a dissolution. If this is your intention, please complete the dissolution form (enclosed).

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00003500

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miguel Lopez PA

**DOCUMENT NUMBER:** P19000032996

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

Please return all correspondence concerning this matter to the following:

Miguel Lopez  
(Name of Contact Person)

Miguel Lopez, PA  
(Firm/Company)

930 Costa Mesa lane  
(Address)

Kissimmee, FL 34744-7229  
(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Lopez at (407) 922-9996  
(Name of Contact Person) (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)

**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

## 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:

Miguel Lopez PA

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

P19000032996

THIRD: The date dissolution was authorized:

1/17/2022

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:

Miguel Lopez

(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)

Miguel Lopez

(Typed or printed name of person signing)

Owner

(Title of person signing)

**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: Miguel Lopez PA

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

1/17/2022

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

~~1/17/2022~~

Date of loss

Place of LOSS

Detail of how loss occurred

Name and address of Claimant

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

930 Costa Mesa lane

Kissimmee, FL 34744

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.

Miguel Lopez

Printed Name of the Person Filing

Miguel Lopez

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00