

PIA 000080015

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(City/State/Zip/Phone #)

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(Document Number)

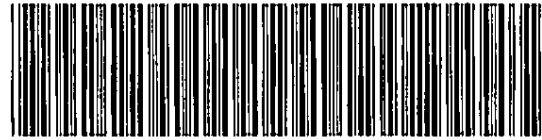
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FILED
2020 OCT - 1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF MONICA ESCOBAR P.A.

DOCUMENT NUMBER: P19000080015

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

Please return all correspondence concerning this matter to the following:

MONICA I. ESCOBAR
(Name of Contact Person)

MONICA ESCOBAR P.A.
(Firm/Company)

8600 SW 103 ST
(Address)

MIAMI, FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA I. ESCOBAR at (786) 838-7100
(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

FILED

2020 OCT -1 PM 5: 00

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FL

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:
MONICA ESCOBAR P.A.

SECOND: The document number of the corporation (if known): P19000080015

THIRD: The file date of the articles of incorporation: 10/11/2019

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: Monica Escobar

(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.)

MONICA I. ESCOBAR

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35