# P190000 93174

| (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: |  |  |  |
|   |  |  |  |
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Office Use Only



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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: Tosha Colette Weathington, P.A. Dissolution of Corporation |                              |  |  |
|---|------------------------------|--|--|
| DOCUMENT NUMBER: P19000093174                                       |                              |  |  |
| The enclosed Articles of Dissolution and                            | fee are submitted for filin  | g.   |  |
| Please return all correspondence concerni                           | ng this matter to the follow | ving:  |  |
| Toscha Colette Weathington  |                              |  |  |
| (Name o   | f Contact Person)            |  |  |
| Toscha Colette Weathington, P.A.                                    |                              |  |  |
| (Fit  | rm/Company)                  |  |  |
| 5412 Hidden Gardens Drive   |                              |  |  |
| (/  | Address)                     | <del>-</del>   |  |
| Jacksonville, Florida 32258   |                              |  |  |
| (City/St  | ate and Zip Code)            |  |  |
| For further information concerning this m                           | atter, please call:          |  |  |
| Toscha Weathington  | at (at_                      |  |  |
| (Name of Contact Person)  | (Area Code)                  | (Daytime Telephone Number)   |  |
| Enclosed is a check for the following amo                           | ount:                        |  |  |
| □ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status      |                              | ☐ \$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:

| rikst:  | Toscha Colette Weathington, P.A.  |          |  |  |  |  |
|---------|---|----------|--|--|--|--|
| SECOND: | The document number of the corporation (if known):  | -        |  |  |  |  |
| THIRD:  | The date dissolution was authorized:  | <u>.</u> |  |  |  |  |
|         | Effective date of dissolution if applicable:    1/30/2020   | -        |  |  |  |  |
|         | (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.  PH 3: 56  Signature:  (By a director, president or other officer - if directors or other court appointed fiduciary, by that fiduciary) | 100      |  |  |  |  |
|         | Toscha Weathington  |          |  |  |  |  |
| •       | (Typed or printed name of person signing)   | -        |  |  |  |  |
|         | President   |          |  |  |  |  |
| -       | (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: Toscha Colette Weathington, P.A.  |   |
|--|---|
| The above named corporation is the subject of dissolution a  | and the effective date of a dissolution is: 1/30/2020   |
| (date filed with the Dept. if date s   | specified in the Articles of Dissolution)               |
| Description of information that must be included in a claim  | :   |
| None   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Mailing address where written claims can be sent: (Claims  | cannot be sent to the Division of Corporations)         |
| 5412 Hidden Gardens Drive, Jacksonville, Florida 32258   |   |
|  |   |
|  |   |
|  |   |
| A claim against the above named corporation will be barred within 4 years after the filing of this notice. | d unless a proceeding to enforce the claim is commenced |
| Toscha Colette Weathington   | Josha C. Whathingh                                      |

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