Pa100031005

	(Requestor's Name)
	(Acdress)
	(Address)
	(City/State/Zip/Phone #)
DiCk. U	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Amendment Section **Division of Corporations** Dissolution of a Corporation SUBJECT: P21000031005 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy James (Name of Contact Person) REDDISH PATHOLOGY CO (Firm/Company) 850 NW 166th Ave (Address) Pembroke Pines, Florida 33028 (City/State and Zip Code) For further information concerning this matter, please call: Timothy James (Area Code) (Daytime Telephone Number) (Name of Contact Person) 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 (Additional copy is enclosed) enclosed) Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: REDDISH PATHOLOGY CO			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 03/29/2021			
	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.			
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	AK 80			
	Signature: / (MO/hu) / Aur			
	(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)			
	TIMOTHY JAMES			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(l'itle 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.

REDDISH PATHOLOGY CO	
The above named corporation is the subject of dissolution and the ef	fective date of a dissolution is:
)3/29/2021 (date filed with the Dept. if date specified in t	the Articles of Dissolution)
	•••
Description of information that must be included in a claim:	
THIS CORPORATION WAS FILED IN MY NAME WITHOUT MY PE	RMISSION OR APPROVAL.
THIS IS A FRUDULENT CORPORATION.	
	2021
	TR >>-
	3 0
Mailing address where written claims can be sent: (Claims cannot be	
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	s a proceeding to enforce the claim is commence
TIMOTHY WALTER JAMES	Signature of the Person Filing
Printed Name of the Person Filing	Oignature of any topon time

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