P21000056112

(Requestor's Name)					
(Address)	_				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business End, Hame)					
(Document Number)					
Certified Copies Certificates of Status					
Cassial lastrustions to Filip Officer					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Spenc	e Consultants and Associates			
DOCUMENT NU	JMBER:			
The enclosed Arti	cles of Dissolution and t	fee are submitted for filing	.	
Please return all co	orrespondence concernin	g this matter to the follow	ing:	
Kevin Spence				
	(Name of	Contact Person)		
Spence Consultants a	nd Associates			
	(Fin	n/Company)		
549 40th Street				
	(A	ddress)		
Sarasota, FL 34234				
	(City/Sta	te and Zip Code)		
For further inform	ation concerning this ma	tter, please call:		
Kevin Spence		757-342-6849 at (
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a chec	k for the following amou	int:		
□ \$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 Addus		0		

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

of dissolution:

President

FILED Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 0/

FIRST: The name of the corporation as currently filed with the Florida Department of State: Spence Consultants and Associates, Inc. P21000056112 SECOND: The document number of the corporation (if known): The date dissolution was authorized: ______ 15 December 2023 THIRD: 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: (By a director, presideft 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) Susan Spence

Filing Fee: \$35

(Typed or printed name of person signing)

(Title of person signing)

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: Spence Consultants and Associates
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
Invoice of payment for date of work.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
Spence Consultants and Associates
794 40th Street
Sarasota, FL 34234
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.
Susan Spence Printed Name of the Person Filing Signature of the Person Filing

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