

P22 000072428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

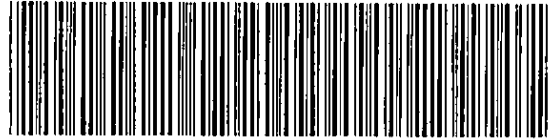
(Document Number)

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HALLAMSBURY, CT 06033

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CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 10/11/24  
Order #: 1643288-11  
Re: Robert Schmidt, CPA, P.A.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a faint, circular official stamp.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination  
Amount to be deducted from our State Account: \$35.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Schmidt, CPA, P.A.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P22000072428  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Stephen Berger, Esq.

\_\_\_\_\_  
(Name of Contact Person)

c/o Vedder Price, P.C.

\_\_\_\_\_  
(Firm/Company)

1633 Broadway, 31st Floor

\_\_\_\_\_  
(Address)

New York, NY 10019

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

Robert Schmidt, CPA, P.A.

SECOND: The document number of the corporation (if known): P22000072428

THIRD: The date dissolution was authorized: October 10, 2024

Effective date of dissolution if applicable: Upon filing  
(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: /s/ Robert Schmidt

(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)

Robert Schmidt P.A.

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

**Filing Fee: \$35**

DIS-26339