# P2200054637

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations SUBJECT: Michael Reilly, CPA, P.A. DOCUMENT NUMBER: P22000084637 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: (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 enclosed) (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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Michael Reilly, CPA, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Upon filing 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:	/s/ Michael Reilly				
- e · ·	(By a director, president or other officer - if directors or officers have not been seen incorporator - if in the hands of a receiver, trustee, or other court appointed fid		_		
	that (īduciary)	035 035	2024		
Michael Reilly, CPA, P.A.			OCT	ايد	
<del>-</del> .	(Typed or printed name of person signing)	- ARY	_	[	
	DIRECTOR	of STA	AM II:		
	(Title of person signing)	흘램	5		

Filing Fee: \$35