

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000342648 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

EFFECTIVE DATE
12-31-03

From:
Account Name : MCCAFFREY, P.A.
Account Number : I20030000016
Phone : (239) 398-4777
Fax Number : (239) 649-0047

RECEIVED

03 DEC 29 PM 12:16

DIVISION OF CORPORATIONS

DISSOLUTION

MCCAFFREY & RAIMI, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
03 DEC 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

H03000342648 3

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McCAFFEY + Raimi P.A.

DOCUMENT NUMBER: 794000001206

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

Please return all correspondence concerning this matter to the following:

JUDITH E. McCAFFEY
(Name of Person)

McCAFFEY, P.A.
(Name of Firm/Company)

568 9th Street South, Suite 253
(Address)

NAPLES FLORIDA 34102-6620
(City/State/and Zip Code)

For further information concerning this matter, please call:

JUDITH E. McCAFFEY at (239) 649-8178
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

H03000342648 3

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
03 DEC 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Department of State:

McCAFFREY & Raimi, P.A.

EFFECTIVE DATE
12-31-03

SECOND: The document number of the corporation (if known): P94000001206

THIRD: The date dissolution was authorized: 12/25/2003

Effective date of dissolution if applicable: 12/31/2003
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

a majority of the outstanding and issued
(voting group) common stock.

Signed this 29th day of December, 2003.

Signature: [Signature]

(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)

JUDITH E. McCaffrey
(Typed or printed name of person signing)

Director
(Title of person signing)

Filing Fee: \$35

H03000342648 3

H03000342648 3

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: McCAFFEY + Raimi, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of claimant
Service or Product Purchased
Name of Person who ordered service or product
Date claim was incurred
Written documentation supporting claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Judith E. McCaffrey
568 9th Street South
Suite 255
Naples FL 34102-6620

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.

Judith E. McCaffrey
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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