P940000031280

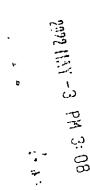
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900385964839

05/03/22--01024--028 **35.00



COVER LETTER'

TO: Amendment Section Division of Corporations		
SUBJECT: William F. Hathaway, P.A.		
DOCUMENT NUMBER: P9400031280		
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
William F. Hathaway		
(Name of	Contact Person)	
(Firm	m/Company)	
221 North Causeway, Suite A		
(A	ddress)	
New Smyrna Beach, FL 32169		
(City/Sta	ite and Zip Code)	
For further information concerning this ma	tter, please call:	
William F. Hathaway	at (
(Name of Contact Person)	(Area Code) (Daytime Telephor	ne Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Certificate of St Certified Copy (Additional copy enclosed)	atus &
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporation The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: William F. Hathaway, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: April 30, 2022
	Effective date of dissolution if applicable: April 30, 2022
	(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, 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)
	William F. Hathaway
	(Typed or printed name of person signing)
	President
	(Title 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.

Name of Corporation:_ William F. Hathaway, P.A. The above named corporation is the subject of dissolution and the effective date of a dissolution is: April 30, 2022 (date filed with the Dept if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 1007 Staggerbush Place, New Smyrna Beach, Fl. 32168 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. William F. Hathaway Printed Name of the Person Filing