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## **COVER LETTER**

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Tallahassee, FL 32314

Division of Corporations		
Dissolution of Adrienne Rich Hochman	un, P.A.	
DOCUMENT NUMBER:		
The enclosed <b>Articles of Dissolution</b> and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Adrienne Rich Hochman		
(Name of C	Contact Person)	
(Firm	/Company)	
7550 SW 107 ST		
(Ac	idress)	
Miami, Florida 33156		
(City/Sta	te and Zip Code)	
For further information concerning this ma	ter, please call:	
Adrienne Rich Hochman	at ( <u>305-978-8420</u>	
(Name of Contact Person)	(Area Code) (Dayt	ime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is enclosed) (A	52.50 Filing Fee. rtificate of Status & rtified Copy dditional copy is nclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Adrienne Rich Hochman, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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, 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)
	Adrienne Rich Hochman (Typed or printed name of person signing)
	(Typed of printed name of person agains)
	President
	(Title of person signing)

Filing Fee: \$35