P96000034717

	equestor's Name	
(Re	equestors ivame)
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(0.	Singa Falls, No.	
(BL	isiness Entity Na	ime)
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(Do	cument Number	7)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	1
Special Instructions to Filing Officer: Q. SILAS		
APR 1	4 2022	
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Office Use Only



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2027 APR -7 PM 5: 36

RECEIVED

2022 APR -7 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FL

March 24, 2022

MICHAEL D. ROUSE 1390 HOPE ROAD, SUITE 300 MAITLAND, FL 32751

SUBJECT: COX AND ROUSE, P.A. Ref. Number: P96000034717

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00006962

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: Cox & Rouse, PA		
DOCUMENT NUMBER: P96000034717		
The enclosed Articles of Dissolution and	fee are submitted for filing	2.
Please return all correspondence concernir	ng this matter to the follow	ring:
Michael D. Rouse		
(Name of	Contact Person)	
Cox & Rouse, PA		
(Fir	m/Company)	
1390 Hope Road, Suite 300		
(A	Address)	
Maitland, FL 32751		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Michel D. Rouse	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	unt:	
■ \$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:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

ARTICLES OF DISSOLUTION 2022 APR -7 PM 5: 36

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporations TALLAHASSEE, FL

FIRST:

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

	Cox & Rouse, P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 03/10/2022
	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 strother 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)
	Michael D. Rouse
	(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: Cox & Rouse, PA	
The above named corporation is the subject of dissolution and the	effective date of a dissolution is: 04/21/2022
(date filed with the Dept. if date specified	in the Articles of Dissolution)
Description of information that must be included in a claim:	
Type of Clam on an i for ch	m m
Type of Clam an agaifacter specificing of PAMADES, N Date of Alleces offense	well as
Date of Allever afferse	
Mailing address where written claims can be sent: (Claims cannot	be sent to the Division of Corporations)
1390 Hope Road, Suite 300, Maitland, FL 32751	
	· · · · · · · · · · · · · · · · · · ·
A claim against the above named corporation will be barred unles within 4 years after the filing of this notice.	and the state of t
	MM
Michael D. Rouse	
Printed Name of the Person Filing	Signature of the Person Filing

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