# P96 0000 35549

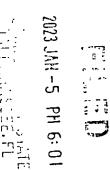
| (Requestor's Name)                      |
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| (Address)                               |
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| ,                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL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



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C/ 3/14/2023

## **COVER LETTER**

• TO: Amendment Section
Division of Corporations

| SUBJECT: Deborah Corliss C            | Cohn DMD PA Arti               | cles of Dissolution   |  |
|---------------------------------------|--------------------------------|---|--|
| DOCUMENT NUMBER:                      | P96000035549                   |   |  |
| The enclosed Articles of Di           | ssolution and fe               | e are submitted for filing  |  |
| Please return all correspond          | ence concerning                | this matter to the follow   | ing:   |
| Deborah Corliss Cohn                  |                                |   |  |
|                                       | (Name of C                     | Contact Person)   |  |
| Deborah Corliss Cohn DMD PA           |                                |   |  |
| -                                     | (Firm                          | /Company)   |  |
| 3506 Community Drive                  |                                |   |  |
|                                       | (Ad                            | ldress)   |  |
| Jupiter FL 33458                      |                                |   |  |
|                                       | (City/Stat                     | e and Zip Code)   |  |
| For further information con           | cerning this mat               | ter, please call:   |  |
| Deborah Corliss Cohn                  |                                | 954-600-0830<br>at (  |  |
| (Name of Contac                       | t Person)                      | (Area Code)   | (Daytime Telephone Number)   |
| Enclosed is a check for the           | following amou                 | nt:   |  |
| □ \$35 Filing Fee ■ \$43.7<br>Certifi | 75 Filing Fee & cate 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, 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

2023 JAH - 5 PH 6: 01

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

| FIRST:  | Deborah Corliss Cohn DMD PA  |  |  |  |
|---------|--|--|--|--|
| SECOND: | The document number of the corporation (if known): P96000035549  |  |  |  |
| 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)  |  |  |  |
|         | Deborah Corliss Cohn   |  |  |  |
|         | (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. Deborah Corliss Cohn DMD PA Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2022 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Name, address and federal ID number of claimant Date and description and purpose of claim and accompanying proof of validity Any amount of claim, and accompanying support documenting validity of amount Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 3506 Community Drive, Jupiter, FL, 33458 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. Deborah Corliss Cohn Printed Name of the Person Filing

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