

P96000074260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

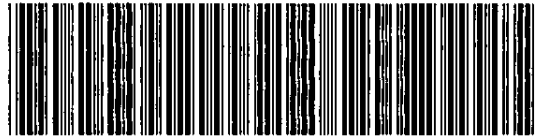
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/18/09--01007--010 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date:
V. Davis
03/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF SHARON GIFFARD PA 59-3396209

DOCUMENT NUMBER: 960000 74260

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

Please return all correspondence concerning this matter to the following:

SHARON GIFFARD
(Name of Contact Person)

SHARON GIFFARD PA
(Firm/Company)

603 SHERWOOD DR
(Address)

ALTAMONTE SPRINGS, FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON GIFFARD at (407) 260-8355
(Name of Contact 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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
MAR - 3 AM 2009
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

SHARON GIFFARD
SHARON GIFFARD PA
603 SHERWOOD DR.
ALTAMONTE SPRINGS, FL 32701

SUBJECT: SHARON GIFFARD, P.A.
Ref. Number: P96000074260

We have received your document for SHARON GIFFARD, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 609A00008223

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:
SHARON GIFFARD PA

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

THIRD: The date dissolution was authorized: 12/31/2008

Effective date of dissolution if applicable: 12/31/2008
(no more than 90 days after dissolution file date)

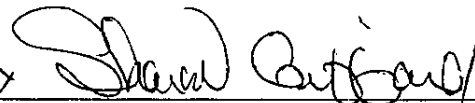
FOURTH: Adoption of Dissolution (CHECK ONE)

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

100 VOTES FOR AND NONE AGAINST
(voting group)

Signature: x 

(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)

SHARON GIFFARD PA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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 TALLAHASSEE, FLORIDA