

Jan. 27. 2009 7:02:54 AM

Law

954 633 0201

No. 0455 Page 1 of 1

P96000100843

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000018183 3)))



H090000181833ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : RYAN E. WILLITS, P.A.
Account Number : I20040000162
Phone : (561) 353-2400
Fax Number : (561) 353-2401

FILED
09 JAN 27 PM 2:51
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

RYAN E. WILLITS, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Valid w/ notice
Thurs
1-27-09

RECEIVED
2009 JAN 27 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ryan E. Willits, P.A.

DOCUMENT NUMBER: P96000100849

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

Please return all correspondence concerning this matter to the following:

Ryan E. Willits, Esq.

(Name of Person)

Ryan E. Willits, P.A.

(Name of Firm/Company)

2499 Glades Road, Suite 210

(Address)

Boca Raton, FL 33491

(City/State/and Zip Code)

For further information concerning this matter, please call:

Ryan E. Willits

(Name of Person)

at (561) 353-2400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Ryan E. Willits, P.A.

SECOND: The document number of the corporation (if known): P06000100843

THIRD: The date dissolution was authorized: DECEMBER 31, 2008

Effective date of dissolution if applicable: _____
(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 of 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

(voting group)

Signed this 26th day of January, 2009.

Signature: Ryan E. Willits

(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)

Ryan E. Willits

(Typed or printed name of person signing)

President/Director

sole shareholder
(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: Ryan E. Willits, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name/Address of Claimant

Account Number

Amount of Claim

Date Claim Incurred

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ryan E. Willits

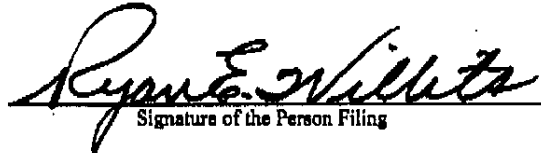
2499 Glades Road, Suite 210

Boca Raton, FL 33491

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.

Ryan E. Willits

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