

P980000038155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION REQUESTED

DOCUMENT NUMBER: P 98 0000 38155

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

Please return all correspondence concerning this matter to the following:

DR. LUCIE LUU
(Name of Person)

DR. LUCIA N. LUU, OD, PA
(Name of Firm/Company)

11425 GEORGETOWN CIR
(Address)

TAMPA FL 33635
(City/State/and Zip Code)

For further information concerning this matter, please call:

LUCIE LUU at (813) 732-2747
(Name of 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, 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:

DR LUCIA N LUU, OD, PA

SECOND: The document number of the corporation (if known): P 98000038155

THIRD: The date dissolution was authorized: 12/31/2003

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

DR LUCIA LUU
(voting group)

Signed this 4th day of FEBRUARY, 2004.

Signature: *Lucia Luu*

(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)

DR LUCIA LUU
(Typed or printed name of person signing)

PRESIDENT / DIRECTOR
(Title of person signing)

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SECRETARY OF STATE

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: DR LUCIA N LUCY, OD, PA

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:

NONE

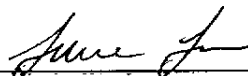
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DR LUCIA LUCY
11425 GEORGETOWN CIR
TAMPA FL 33635

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.

DR LUCIA LUCY

Printed Name of the Person Filing



Signature of the Person Filing