

P98000072672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

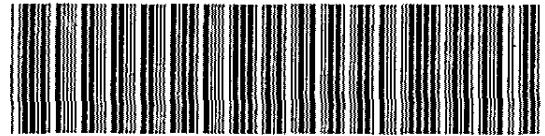
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** P980000 72672 - Dissolution of Business

**DOCUMENT NUMBER:** P98000072672

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

Please return all correspondence concerning this matter to the following:

Rosalie Frisone  
(Name of Person)

Rosalie Frisone, P.A.  
(Name of Firm/Company)

3851 NW 100<sup>TH</sup> AVE  
(Address)

CORAL SPRINGS FL 33065  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Rosalie Frisone at (954) 440-8886  
(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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

Rosalie Frisone, P.A.

SECOND: The document number of the corporation (if known): P98000072672

THIRD: The file date of the articles of incorporation was: 8-17-98

FOURTH: (CHECK AT LEAST ONE BOX)

- None of the corporation's shares have been issued.
- The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

Signed this 31 day of January, 2005.

Signature: Rosalie Frisone  
(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.)

Rosalie Frisone  
(Typed or printed name of person signing)

President  
(Title of person signing)

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**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: Rosalie Frisone, 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:

Lack of Business

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Rosalie Frisone

Printed Name of the Person Filing

Rosalie Frisone

Signature of the Person Filing

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