

P98000081747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

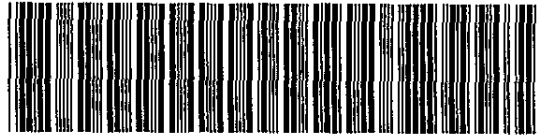
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300066690453

02/27/06--01031--020 **35.00

FILED
2006 FEB 27 PM 12:36
TALLAHASSEE, FLORIDA

dis w/NOT.
G. Coulette MAR 07 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P 98000081747

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

Please return all correspondence concerning this matter to the following:

MARGARET LYN - SOROKEN
(Name of Contact Person)

WYNN HAVEN ANIMAL CLINIC
(Firm/Company)

351 WOODLAND AVENUE
(Address)

MARY ESTHER FLORIDA 32569
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET LYN - SOROKEN at (850) 581-2214
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: 2599 HWAY 98 WEST
MARY ESTHER FL 32569

☒ \$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

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 the Florida Department of State:

WYNN HAVEN ANIMAL CLINIC, INC.

SECOND: The document number of the corporation (if known): P 980000 81747

THIRD: The file date the articles of incorporation: SEPT 18, 1998

FOURTH: (CHECK AT LEAST ONE BOX) (AUG 15, 2005 LAST DAY)
OF BUSINESS

☒ 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.

Signature: Mark H. Soroken

(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.)

MARK H SOROKEN

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
2006 FEB 27 PM 12:36
TALLAHASSEE, FLORIDA

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: WYNN HAVEN ANIMAL CLINIC, INC.

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:

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

2599 Hwy 98 W
Mary Esther
FL 32569

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.

MARGARET LYN-SOROKEN
Printed Name of the Person Filing

Margaret Lyn-Soroken
Signature of the Person Filing

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