## P99000088415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Otalion Liph Hono ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinoso Enary Name)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations
SUBJECT: R&S PROFESSIONAL ASOCIATES INC
DOCUMENT NUMBER: P99000088475
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY DAVID BRADY, CPA
(Name of Contact Person)
GARY DAVID BRADY, PA
(Firm/Company)
1040 BAYVIEW DRIVE # 414
(Address)
FT LAUDERDALE, FL 33304
(City/State and Zip Code)
For further information concerning this matter, please call:
GARY DAVID BRADY, CPA  (Name of Contact Person)  at (954)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## 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:	
	R&S PROFESSIONAL ASSOCIATES INC		
SECOND:	The document number of the corporation (if known): P99000088475		
THIRD:	The date dissolution was authorized: 12/31/2010	···	
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution)	on file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for disso	lution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:		DIVISI
	The number of votes cast for dissolution was sufficient for approval by	11 MAR 14 PH 12:	ON OF CO
	(voting group)	PH 12: 10	OF CORPORATIONS
	Signature:  (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, trustoe, or other court appointed fiduciary, by that fiduciary)		
	MARIA RAMOS		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(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: R&S PROFESSIONAL ASSOCIATES INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
TO WHOM MONEY/SERVICES ARE OWED
AMOUNT OWED OR DESCRIPTION OF SERVICES OWED
DATE CLAIM AROSE
ANY COLLATERAL PLEDGED TO OR HELD BY CLAIMANT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  MARIA RAMOS
1821 SW 3 AVE
1021 011 0 7112
POMPANO BEACH FL 33060

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

MARIA RAMOS

Printed Name of the Person Filing