

P99000089836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

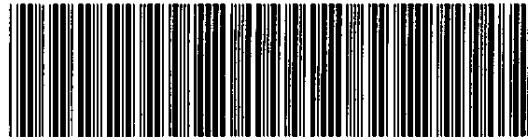
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

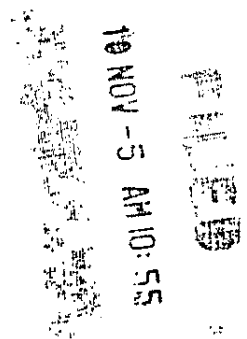
Special Instructions to Filing Officer:

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11/05/10--01006--023 \*\*43.75



Valid  
w/Notice  
11/9/10  
DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Professional Services of Northwest  
FLORIDA, INC.

**DOCUMENT NUMBER:** P99000689836

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

Please return all correspondence concerning this matter to the following:

Alice C. White

(Name of Contact Person)

Professional Services of Northwest Florida, Inc.

(Firm/Company)

8205 Excelsior Drive

(Address)

Pensacola FL 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

John GUASSMAN, Esq.

(Name of Contact Person)

at ( 850 ) 434-0663

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

JOHN GLASSMAN, P.A.

ATTORNEY AT LAW

jg@glassmanfirm.com

1127 NORTH PALAFOX STREET  
PENSACOLA, FLORIDA 32501

TELEPHONE (850) 434-0663  
FACSIMILE (850) 435-8882

November 3, 2010

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Dissolution of Professional Service of Northwest Florida, Inc.

Dear Sir or Madam:

I enclose herewith:

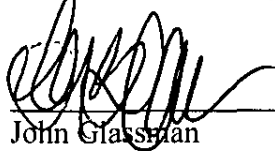
- 1.) Cover Letter
- 2.) Notice of Corporate Dissolution
- 3.) Articles of Dissolution

I am also enclosing my firm check in the amount of \$43.75 for the filing fee and Certificate of Status.

Please contact me should you require anything further. Thank you.

Sincerely,

JOHN GLASSMAN, P.A.

  
\_\_\_\_\_  
John Glassman

JG/plg  
Enclosures

## 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:  
Professional Services of Northwest Florida, Inc.

SECOND: The document number of the corporation (if known): 899000089836

THIRD: The date dissolution was authorized: 10/22/10

Effective date of dissolution if applicable: 11/1  
(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 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)

Signature:

Alice C. White

(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)

Alice C. White

(Typed or printed name of person signing)

Vice President - Director

(Title of person signing)

Filing Fee: \$35

FILED  
10 NOV - 5 AM 10:55

## 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:

Professional Services of Northwest Florida, 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:

Name of claimholder

Amount of claim

Nature of claim

Address and Phone number of claimholder

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

8205 Excelsior Drive

PENSACOLA FL 32514

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.

Alice C. White

Printed Name of the Person Filing

Alice C. White

Signature of the Person Filing

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