P99000090803

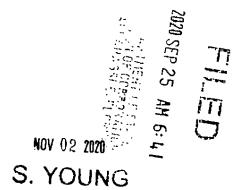
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISOLVE CORPORATION		
DOCUMENT NUMBER: P99000090803		
The enclosed Articles of Dissolution and f	ee are submitted for filing	l.
Please return all correspondence concerning	g this matter to the follow	ing:
CLARA E. SIGMON		
(Name of	Contact Person)	
CLARA ELIZABETH SIGMON PA		
(Firm	n/Company)	
41 DEVONHALL WAY		
(A	ddress)	
TAYLORS, SC 29687		
(City/Sta	te and Zip Code)	
For further information concerning this mat	tter, please call:	
MICHAEL A. PEDEN	at (⁸⁶⁴⁻⁴⁹⁸⁻⁵⁶⁴²	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
■ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: CLARA ELIZABETH SIGMON PA		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
FOURTH:	not be listed as the document's effective date on the Department of State's records. Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
	Signature: Claud & Samo Signature: An incorporator - if in the hands of a receiver, trustee, or other court appointed tiduciary, by that fiduciary) CLARA E. SIGMON (Typed or printed name of person signing)		
	SHAREHOLDER		
	(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: _______ The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{12-31-2019}{1}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: NAMailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) CLARA E. SIGMON, 14 DEVONHALL WAY, TAYLORS, SC 29687 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. MICHAEL A. PEDEN

Printed Name of the Person Filing