V38683

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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Karen J. Prevatt P.A.		
DOCUMENT NUMBER: V38683		
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the followi	ng:
Karen J. Prevatt		
(Name of C	Contact Person)	
Karen J. Prevatt P.A.		
(Firm	n/Company)	
Post Office Box 310		
(Ac	idress)	
Wimauma, Florida 33598		
(City/Stat	te and Zip Code)	
For further information concerning this mat	ter, please call:	
Karen J. Prevatt	at (
(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

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: Karen J. Prevatt P.A.		
	Katerry, Frevance, A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	December 31,2019 Fractive 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 not be listed as the document's effective date on the Department of State's records.		
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 east for dissolution was sufficient for approval by		
	(voting group)		
Sionature	Signature: Faren & Prevatt		
	(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)		
	Karen J. Prevatt		
	(Typed or printed name of person signing)		
	President, Director, sole 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: Karen J. Prevatt 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: name of claimant, address and telephone number of claimant, date of origin of claim, description of claim, whether contingen Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Post Office Box 310, Wimauma, Florida 33598 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. Karen J. Prevatt Printed Name of the Person Filing

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