V60958

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TO: Amendment Section Division of Corporations SUBJECT: William H. Mcknight Esq. P.A. DOCUMENT NUMBER: V60958 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William H. McKnight (Name of Contact Person) William H. MKknight Esq. P.A. (Firm/Company) P.O. Box 10442 (Address) Tampa Florida 33679-0442 (City/State and Zip Code) For further information concerning this matter, please call: William H. McKnight (Area Code) (Davtime Telephone Number) (Name of Contact Person) 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) 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: William H. McKnight Esquire, P.A.
SECOND:	The document number of the corporation (if known): V60958
THIRD:	The date dissolution was authorized: 12/20/2023
	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 not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if director or other shave not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) William H. McKnight (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35