

PD6000047665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

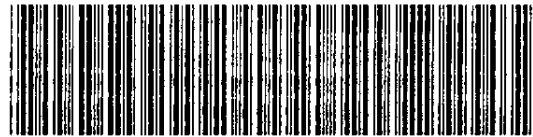
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/11--01006--023 **35.00

VD
Effected Date
3-31-11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 28 AM 8:52

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

JENNY YOSHIDA
VILLAGE VEIN CLINIC, INC.
1784 ABBOTS HILL DR
ORLANDO, FL 32835

SUBJECT: VILLAGE VEIN CLINIC, INC
Ref. Number: P06000047665

We have received your document for VILLAGE VEIN CLINIC, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00006871

RECEIVED

11 MAR 28 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Original
Signature
attached.*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P06000047665

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

Please return all correspondence concerning this matter to the following:

Jenny Yoshida

(Name of Contact Person)

Village Vein Clinic, Inc.

(Firm/Company)

1784 Abbots Hill Drive

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny Yoshida

(Name of Contact Person)

at (407) 451-2724

(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

6/2/11 date
3-31-11

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:

Village Vein Clinic, Inc

SECOND: The document number of the corporation (if known): P06000047665

THIRD: The date dissolution was authorized: March 1, 2011

Effective date of dissolution if applicable: March 31, 2011

(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

members

(voting group)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: [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, trustee, or other court appointed fiduciary, by that fiduciary)

Jenny K. Yoshida

(Typed or printed name of person signing)

/

manager

(Title of person signing)

Filing Fee: \$35