## LD3000023100

(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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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 6, 2004

MARIQUITA FULLER MANITOBA MEDS 4015 W OKLAHOMA AVE TAMPA, FL 33616

SUBJECT: MANITOBA MEDS LLC Ref. Number: L03000023100

We have received your document for MANITOBA MEDS LLC 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 form you submitted is to amend a corporation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 404A00022325

SECRETARY OF STALE

## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations *
SUBJECT: Manitoba Meds
DOCUMENT NUMBER: LO300023100
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mari Quita fuler (Name of Person)
Manitaba Meds
(Name of Firm/Company)
4015 Woklahoma Ave
Tampa f 336) (  (City/State/and Zip Code)  (City/State/and Zip Code)
(City/State/and Zip Code)  SEE Code  For further information concerning this matter, please call:  5.20  P. F. Code  P. F. Cod
Mariquita Fuller at (813) 835-401 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)\$\$ (Additional copy is enclosed)\$\$ enclosed)\$\$\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Manitoba Meds UC
2. The effective date of the limited liability compar	ny's dissolution is DNNDH 12/3/10
3. A description of the occurrence that resulted in t section 608.441, Florida Statutes, (copy of	he limited liability company's dissolution pursuant to 608.441 on back of cover letter).
Created Incorporal	ted name but nearers
used it for busines	purposes EE &
	SEE P
<ul> <li>4. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limite -OR-</li> <li>Adequate provision has been made for the debts</li> </ul>	ed liability company have been paid or discharged.  , obligations and liabilities pursuant to s. 608.4421.
5. All remaining property and assets have been dis respective rights and interests.	tributed among its members in accordance with their
6. CHECK ONE:  There are no suits pending against the company -OR-  Adaptive provision has been made for the satisf	in any court. action of any judgment, order or decree which may
be entered against it in any pending suit.	action of any judgment, order of decree which may
Signatures of the members having the same perce the dissolution :	ntage of membership interests necessary to approve
Signature	Typed or Printed name
Mario auto Full	Mariguita J fuller
Shydin Jan Fell	Stephen J Fuller

Filing Fee: \$25.00