

No 4000008468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

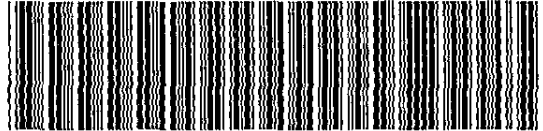
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000061812910

12/07/05--01021--008 **35.00

FILED
2005 DEC -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12-31-05

RECEIVED
05 DEC -7 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss.

G. Goulette DEC 07 2005

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Midwest Lipid Association, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
✓ _____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
✓ _____ Photo Copy x2 _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: Midwest Lipid Association, Inc.

SECOND: The document number of the corporation: N99000004119

THIRD: Adoption of Dissolution

The date of the meeting of members at which the resolution to dissolve was July 10, 2005.

The number of votes cast for dissolution was sufficient for approval.

FOURTH: Effective date of Dissolution: December 31, 2005.

Signature _____

Name:

Title:

Neil J. Stone
as its President
Neil J. Stone, MD

RECEIVED
12-31-05

2005 DEC -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED