

P00000015970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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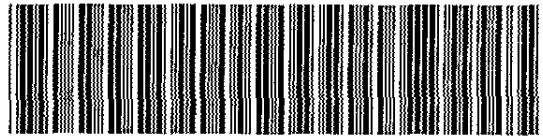
(Business Entity Name)

(Document Number)

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RECEIVED
03 APR 29 AM 11:16
DIVISION OF CORPORATION
FILED
2003 APR 29 PM 2:37
TALLAHASSEE, FLORIDA

C. Coulllette APR 29 2003

CT CORPORATION

April 29, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5840056 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Orlando CVS, Inc. (CVS#2829) (FL)
Dissolution
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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 is: Orlando CVS, Inc.

SECOND: The date dissolution was authorized: 2-15-2000

THIRD: 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 vote of 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

(voting group)

Signed this 23rd day of April, 2003

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

Melanie K. Luker

(Typed or printed name)

Assistant Secretary

(Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA