

P02000058731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

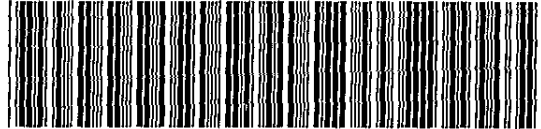
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/26/03--01022--016 \*\*35.00

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03 NOV 26 PM 12:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

gm

12/4/23

S & S Medical Supplies, Inc.  
1800 W 49 Street  
Suite 232  
Hialeah, FL 33012

Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

Ref.: Articles of Dissolution  
Document Number : P02000058731

To Whom It May Concern:

S & S medical Supplies, Inc. has decided to file articles of dissolution. Enclosed is a money order for the filling fee.

Please return all correspondence concerning this matter to the following:

Full Accounting Services  
Attn.: Mr. Carlos Latoni  
8311 SW 142 Ave. J-205  
Miami, FL 33183

For further information concerning this matter, please call:

Mr. Carlos Latoni at (305) 724-6642.

Thanks;



Mileidy Ruiz  
President

## 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 Department of State:

S & S Medical Supplies, Inc.

SECOND: The document number of the corporation (if known): P02000058731

THIRD: The date dissolution was authorized: 11/20/03

Effective date of dissolution if applicable:

(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 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 20 th day of November, 2003

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)

Mileidys Ruiz

(Typed or printed name of person signing)

President

(Title of person signing)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA