

P020000098446

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

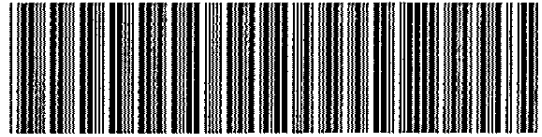
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
05 MAY -3 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

T BROWN MAY 17 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFIT DISSOLUTION

**DOCUMENT NUMBER:** P02000098446

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

Please return all correspondence concerning this matter to the following:

MICHAEL H MIRANDA

(Name of Person)

L & L MEDICAL SUPPLY CORP

(Name of Firm/Company)

4315 NW 7TH ST, #35

(Address)

MIAMI, FL 33126

(City/State/and Zip Code)

For further information concerning this matter, please call:

MICHAEL H MIRANDA

(Name of Person)

at ( )

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

L & L MEDICAL SUPPLY, CORP.

SECOND: The document number of the corporation (if known): P02000098446

THIRD: The date dissolution was authorized: 04/01/05

Effective date of dissolution if applicable: 04/01/05

(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 01 day of APRIL, 2005

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)

MICHAEL H MIRANDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
MAY 3 AM 8:26  
SECRETARY OF STATE  
ALLAHAM, FLORIDA