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## **COVER LETTER**

TO: Amendment Section Division of Corporations	·
Division of corporations	
SUBJECT: Reliance Medical Who	olesale, Inc.
DOCUMENT NUMBER: P0300000	8900
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Brad K. Sau	unders, Esq.
(Name of	Contact Person)
Brad K. Sau	unders, P.A.
	n/Company)
18331 Pines B	oulevard # 204
(A	ddress)
Pembroke Pine	es. FL 33029
	te and Zip Code)
For further information concerning this ma	tter, please call:
Brad K. Saunders	at ( 954 ) 579-7254
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
✓\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301

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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

SECRETARY OF STATE
TALL AHASSEF FLORIS. FIRST: The name of the corporation as currently filed with the Florida Department of State: Reliance Medical Wholesale, Inc. The document number of the corporation (if known): P0300008900 SECOND: The date dissolution was authorized: March 15, 2010 THIRD: 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 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) Signature: (By a director presider if directors or officers have not been selected, by e bands of a receiver, trustee, or other court appointed fiduciary, by an incorporatel that fiduciary) Pamela Navarro (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35