

PD3000027705

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S.S.
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**My Canadian Medications, Inc.
12551 Lake Ridge Circle
Clermont, FL 34711**

February 28, 2006

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

To Whom It May Concern:

SUBJECT: DISOLUTION OF MY CANADIAN MEDICATIONS, INC.

DOCUMENT NUMBER: P03000027705

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

Please return all correspondence concerning this matter to the following:

Sally Williams
12551 Lake Ridge Circle
Clermont, FL 34711

For further information concerning this matter, please call Sally Williams at 352-394-0392. Enclosed is a check for the following amount \$43.75 for filing fee and Certificate of Status.

Sincerely,

Sally A. Williams

Sally Williams
Kendra Stamp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

Sally Williams
My Canadian Medications, Inc.
12551 Lake Ridge Circle
Clermont, FL 34711

SUBJECT: MY CANADIAN MEDICATIONS, INC.
Ref. Number: P03000027705

We have received your document for MY CANADIAN MEDICATIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 106A00015397

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:

My Canadian Medications Inc.

SECOND: The document number of the corporation (if known): P030002705

THIRD: The date dissolution was authorized: 2-28-06

Effective date of dissolution if applicable: 2-28-06
(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)

Signature: Sally A. Williams

(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)

Sally Williams

(Typed or printed name of person signing)

V. Pres, Sec.

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 15 AM 10:30

FILED

Filing Fee: \$35