

PO3000069172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

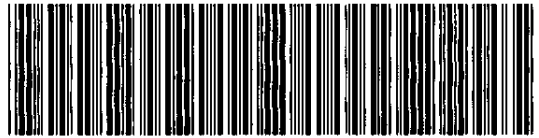
(Document Number)

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2009 MAR 20 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DSS  
[Signature]

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LONG LIFE MEDICAL EQUIPMENT, INC

**DOCUMENT NUMBER:** P03000069172

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

Please return all correspondence concerning this matter to the following:

JOSE SARDINAS

(Name of Contact Person)

LONG LIFE MEDICAL EQUIPMENT, INC

(Firm/Company)

11240 SW 47 TERRACE

(Address)

MIAMI, FL. 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE SARDINAS

(Name of Contact Person)

at ( 786 ) 457-4032

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

LONG LIFE MEDICAL EQUIPMENT, INC.

SECOND: The document number of the corporation (if known): P03000069172

THIRD: The date dissolution was authorized: DECEMBER 31, 2008

Effective date of dissolution if applicable: DECEMBER 31, 2008  
(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: \_\_\_\_\_

(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)

JOSE SARDINAS

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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