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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION: LAKERIDGE PHARMACY

**DOCUMENT NUMBER:** 20-02037-0

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

Please return all correspondence concerning this matter to the following:

CLAUDE COVINO

(Name of Person)

LAKERIDGE PHARMACY

(Name of Firm/Company)

133 MOCKINGBIRD LN.

(Address)

DELRAY BEACH, FL. 33445

(City/State/and Zip Code)

For further information concerning this matter, please call:

CLAUDE COVINO

(Name of Person)

at ( 954 ) 4214877

(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

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SECRETARY OF STATE

## 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:

LAKERIDGE PHARMACY CORPORATION

SECOND: The document number of the corporation (if known): 20-020370

THIRD: The date dissolution was authorized: 02/25/04

Effective date of dissolution if applicable: 03/02/04

(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.

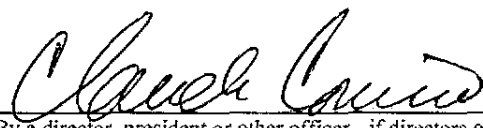
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

CLAUDE COVINO

(voting group)

Signed this 2 day of MARCH, 2004.

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)

CLAUDE COVINO

(Typed or printed name of person signing)

VICE PRES.

(Title of person signing)

Filing Fee: \$35

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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