

P03000101950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

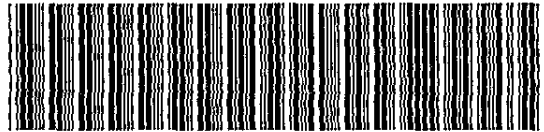
(Business Entity Name)

(Document Number)

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04/17/06--01021--008 **43.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 17 2006

5519

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L B D medical Equipment, Corp

DOCUMENT NUMBER: PD3000101950

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

Please return all correspondence concerning this matter to the following:

Ramon Reyes
(Name of Contact Person)

(Firm/ Company)

5035 Palm Ave
(Address)

HALLEAH FL 33012
(City/ State and Zip Code)

For further information concerning this matter, please call:

Ramon Reyes at (305) 822-0669
(Name of Contact Person) (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:

L & D MEDICAL EQUIPMENT CORP

SECOND: The document number of the corporation (if known): P03000101950

THIRD: The date dissolution was authorized: 3/10/06

Effective date of dissolution if applicable: 3/10/06

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

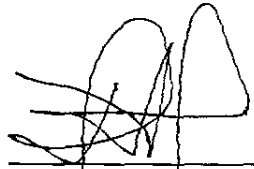
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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: 

(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 or that fiduciary)

DIANET VALLE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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