## 104000002033

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## TRANSMITTAL LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

**Division of Corporations** SUBJECT: Weeks's Pharmacy, Inc. DOCUMENT NUMBER: P04000002033 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert L. McCullar, CPA (Name of Person) Coates, McCullar & Biggers, P.C. (Name of Firm/Company) 56 Spires Lane, #14A (Address) Santa Rosa Beach, FL 32459 (City/State/and Zip Code) For further information concerning this matter, please call: Robert L. McCullar, CPA at ( 850 622-0888 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☑ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:	
<u>w</u>	eeks's Pharmacy, Inc.	
SECOND:	The document number of the corporation (if known): P04000002033	
THIRD:	The file date of the articles of incorporation was: 12/22/2003	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	☐ A majority of the directors authorized the dissolution.	
5	Signed this 25 day of February , 2005.	
Signature: Jarlon Weeks  (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.)		
	Garlon Weeks (Typed or printed name of person signing)	
Registered Agent / Incorporator  (Title of person signing)		

Filing Fee: \$35