

PD4000055609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

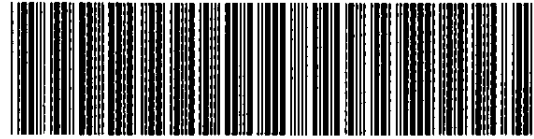
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation dissolution Request

DOCUMENT NUMBER: P04000055609

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

Please return all correspondence concerning this matter to the following:

Abby Roque
(Name of Contact Person)

Family Medical Equipment & Supply Inc
(Firm/Company)

PO BOX 391565
(Address)

Deltona FL 32739-1565
(City/State and Zip Code)

For further information concerning this matter, please call:

Abby Roque at (386) 848-4745
(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

FAMILY MEDICAL EQUIPMENT & SUPPLY, INC.
1060 E. Industrial Dr., Suite N.
Orange City, FL 32763
Ph: 386-775-1034
Tax ID-56 2446963
Document # P 04000055609

January 13, 2011

**Re : Florida Department of State
Corporation Dissolution Request**

To Whom It May Concern:

Please be aware Family Medical Equipment and Supply Inc., location is no longer available to provide Durable Medical Equipment as of **12/31/2010** due to the following reason:

Company went out of business

Please provide us with a confirmation notice of this request to the following address:

Family Medical Equipment & Supply, Inc.
PO BOX 391565
Deltona, FL 32739-1565

If you have any further questions please feel free to contact me at: 386-848-4745.

Sincerely,



Abby Roque
386-848-4745
President
lazaro219@hotmail.com

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:
Family Medical Equipment & Supply, Inc.

SECOND: The document number of the corporation (if known): P04000055609

THIRD: The date dissolution was authorized: 12-31-10

Effective date of dissolution if applicable: 12-31-10
(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 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

Abilen Roque
(voting group)

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TALLAHASSEE, FLORIDA

Signature Roque
(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)

Abilen Roque
(Typed or printed name of person signing)

President.
(Title of person signing)

Filing Fee: \$35