

P0400000 78397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

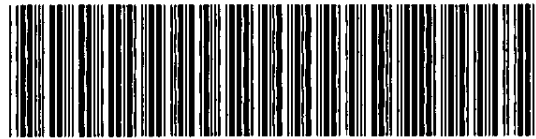
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
08 MAR 28 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts APR 02 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2008

ALAN AZPUNA  
7758 NW 46TH ST  
MIAMI, FL 33166

SUBJECT: PROMEDCO, INC.  
Ref. Number: P04000078397

We have received your document for PROMEDCO, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state that a majority of the incorporators or directors authorized the dissolution.

Please correct the file date of the articles of incorporation, also list title of signing officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 408A00015980

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of ProMedCo Inc.

**DOCUMENT NUMBER:** PO4000078397

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

Please return all correspondence concerning this matter to the following:

Alan Azpina

(Name of Contact Person)

(Firm/Company)

7758 NW 46<sup>th</sup> St

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Azpina

(Name of Contact Person)

at ( )

(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 607.1401, 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:

Pro MedCo, Inc.

SECOND: The document number of the corporation (if known): POA000078397

THIRD: The file date of the articles of incorporation: March 3, 2008

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued. 100%

☐ 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. 100%

☐ A majority of the directors authorized the dissolution.

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.)

Alan Azpina

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED  
08 MAR 28 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2008 MAR 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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President

(Title of Person Signing)

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