

PO4000102121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700113067207

12-31-07

12/14/07--01028--001 **35.00

VB

FILED
07 DEC 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts DEC 18 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TGM2 MEDICAL SUPPLY INC.

DOCUMENT NUMBER: P04000102121

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

Please return all correspondence concerning this matter to the following:

JAMES MARSH

(Name of Contact Person)

TGM2 MEDICAL SUPPLY INC.

(Firm/Company)

15375 ROOSEVELT BLVD, STE 300

(Address)

CLEARWATER, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES MARSH

(Name of Contact Person)

at (727) 507-8500

(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

12-31-07

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:

TGM2 MEDICAL SUPPLY, INC.

SECOND: The document number of the corporation (if known): P04000102121

THIRD: The date dissolution was authorized: DECEMBER 7, 2007

Effective date of dissolution if applicable: DECEMBER 31, 2007

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

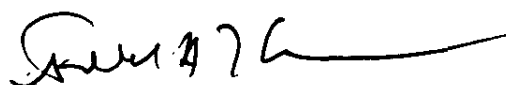
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

(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, by that fiduciary)

TODD HANSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
07 DEC 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA