P04000/23802

(Re	questor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer.	
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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations			
Subject: Dissolution of MED.	Supermore, Inc.		
DOCUMENT NUMBER: P04000123802			
The enclosed Articles of Dissolution and fee are submitted fo	r filing.		
Please return all correspondence concerning this matter to the	following:		
SmITA TYER (Name of Person)			
MED SUPER STORE, INC. (Name of Firm/Company)			
Greenaeres, FL 334	ircle		
(Address)			
Greenaeres, FL 334	163		
(City/State/and Zip Code))		
For further information concerning this matter, please call:			
	703 9644		
SMITA TYER STUSKI	1703 9602		
(Name of Person) (Area Code	e & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
□ \$35 Filing Fee \$\frac{1}{2}\$\$43.75 Filing Fee \$\frac{1}{2}\$\$\$43.75 Filing Fee \$\frac{1}{2}\$\$\$\$Certificate of Status \$\$Certified Copy (Additional copy enclosed)	Certificate of Status &		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		