

PO6000131812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

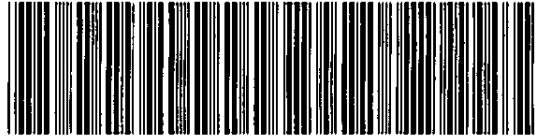
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.COULLIETTE

SEP 04 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P06000131812

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

Please return all correspondence concerning this matter to the following:

Martha Cerino

(Name of Contact Person)

Medical & biotech depot Inc

(Firm/Company)

935 NW 31st Avenue

(Address)

Pompano Beach, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Cerino

(Name of Contact Person)

at (954) 670 2639

(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

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Pursuant to section 10 of the Act, the following is the proposed order of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Medical & Biotech Depot Inc

SECOND: The document number of the corporation (if known): P06000131812

THIRD: The date dissolution was authorized: August 30, 2009

Effective date of dissolution if applicable: August 30, 2009
(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)

Martha Cerino

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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