## P06000141378

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	,
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	· · · · · · · · · · · · · · · · · · ·
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	PIĆK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	<del></del>
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
·	(Document Number)
·	
·	0-4/6-4-0-4-0-4-0-4-0-4-0-4-0-4-0-4-0-4-0-4-
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
,	Special Instructions to Filing Officer
	openial medianisms to ming officer.

Office Use Only



800154240728

04/30/09--01031--005 \*\*35.00

O9 APR 30 AM 9: 11
SEURETARY OF STATE

When when we have the service of the

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF HUMAN METTLICS, P.A.
DOCUMENT NUMBER: <u>P06000141378</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENNETH W VARWADOE
(Name of Contact Person)
(Firm/Company)
. 6527 1 <sup>ST</sup> AVE So (Address)
(Address)
ST Pretrens Burg, FL 33707 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 384-4100  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
<u></u>
\$\sqrt{35}\$ Filing Fee \$
MAILING ADDRESS:  STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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:
	HUMAN METRICS P.A.
SECOND:	The document number of the corporation (if known): PO6000 141 \$288
THIRD:	The document number of the corporation (if known): $\frac{106000171}{2006}$ The file date of the articles of incorporation: $\frac{11/9}{2006}$
FOURTH:	(CHECK AT LEAST ONE BOX)    X   None of the corporation's shares have been issued.
	None of the corporation's shares have been issued.
	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.
	A majority of the directors authorized the dissolution.
Sign	ature:  (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.)
	(Typed or printed name of person signing)
	Title of Person Signing)

Filing Fee: \$35