## P07000011238

	(Requestor's Name)	<u> </u>
	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	····
PICK-	UP WAIT	MAIL
	:	• .
	(Business Entity Name)	
	(Document Number).	
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Certified Copies	Certificates of	Status
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Special Instructio	ns to Filing Officer:	
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Office Use Only



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10/22/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution of Med-Ed Me	edia, INC.	
DOCUMENT NUMBER: P0700001123	38	
The enclosed Articles of Dissolution and fee an	re submitted fo	or filing.
Please return all correspondence concerning thi	s matter to the	following:
Ronald Lippmann		
(Name of Con	tact Person)	
Med-Ed Media, INC.		; ;
· (Firm/Co	ompany)	
2835 Longleaf Rd	•	
(Addre	ss)	•
Panama City, FL 32405		}
(City/State ar	nd Zip Code)	
For further information concerning this matter,	please call:	
		f
Ronald Lippmann	at ( 850	215 1658
(Name of Contact Person)	· ·	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:		
· (A	643.75 Filing Fortified Copy Additional copy Enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION 2010 JUN 21 PM lps 24

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation Florida the following TALLAHASSEE. FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
insi.	Med-Ed Media, INC.
SECOND:	The document number of the corporation (if known): P07000011238
THIRD:	The file date of the articles of incorporation: 01/24/2007
FOURTH:	(CHECK AT LEAST ONE BOX)
	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.)
	Ronald Lippmann
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Med-Ed Media, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

The signed agreement between the the party from the claim and the president.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2835 Longleaf Rd

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ronald Lippmann

Printed Name of the Person Filing

Panama City, FL 32405

Signature of the Person Alli

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00