

P08000030185

Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL

Before

STARLIGHT MEDICAL SUPPLY, INC.

H09000151027-3

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TALLAHASSEE, FLORIDA

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Vol. Dr.
6/26/09



June 25, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STARLIGHT MEDICAL SUPPLY, INC.
6435 CENTRAL AVE.
SAINT PETERSBURG, FL 33710US

SUBJECT: STARLIGHT MEDICAL SUPPLY, INC.
REF: F08000030185

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Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000151026
Letter Number: 309A00021833

P.O BOX 6327 - Tallahassee, Florida 32314



June 24, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STARLIGHT MEDICAL SUPPLY, INC.
6435 CENTRAL AVE.
SAINT PETERSBURG, FL 33710US

SUBJECT: STARLIGHT MEDICAL SUPPLY, INC.
REF: P08000030185

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If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000149199
Letter Number: 509A00021634

P.O BOX 6327 - Tallahassee, Florida 32314

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:

STARLIGHT MEDICAL SUPPLY, INC.

SECOND: The document number of the corporation (if known): P08000030185

THIRD: The file date the articles of incorporation: 03/24/2008

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.

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.)

Ted WADE

(Typed or printed name of person signing)

Ted Wade

(Title of Person Signing)

President

Filing Fee: \$35

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09 JUN 23 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA