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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF S CORPORATION

DOCUMENT NUMBER: P09000016187

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

Please return all correspondence concerning this matter to the following:

MELODIE M CRISTO

(Name of Contact Person)

6DEGREES M.D., INC.

(Firm/Company)

5416 HEATHERTON RD

(Address)

MILTON, FL 32570

(City/State and Zip Code)

For further information concerning this matter, please call:

MELODIE M CRISTO

(Name of Contact Person)

at (850)

983-3750

(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

