

P11 000039648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

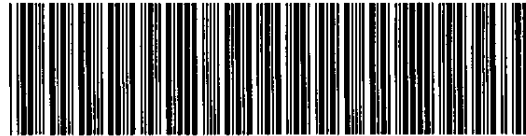
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
JAN 16 2013
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FIDIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DROGUERIA SUCLIMED ARAGUA INC.

DOCUMENT NUMBER: P11000039648

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

Please return all correspondence concerning this matter to the following:

ALBERTO JOSE CASPER

(Name of Contact Person)

DROGUERIA SUCLIMED ARAGUA INC

(Firm/Company)

8629 SW 56th AVE.RD.

(Address)

OCALA, FLORIDA, 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL V TORO

(Name of Contact Person)

at (**352**) **8548263**

(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
DROGUERIA SUCLIMED ARAGUA INC

SECOND: The document number of the corporation (if known): **P11000039648**

THIRD: The date dissolution was authorized: **JANUARY 3, 2013**

Effective date of dissolution if applicable: **AS SOON AS POSSIBLE**
(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

ALBERTO CASPER 50% MARIA I. ALKANTARA 50%

(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)

ALBERTO JOSE CASPER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
JAN 15 PM 14
STATE
TALLAHASSEE, FLORIDA