P12000017832

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200253968522

12/23/13==01029==003 **43.75



2013 DEC 23 AM IU: 32
SECRETARY OF STATE
TALL ANASSEF, FLORIDA

FLED

S. HAWKES
DEC 3 0 2013
EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: MIAMI MEDICAL DEPOT, INC
DOCUMENT NUMBER: P12000017832
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIO M. SARRIA
(Name of Contact Person)
MIAMI MEDICAL DEPOT, INC
(Firm/Company)
1840 SW 82ND AVENUE
(Address)
MIAMI, FLORIDA 33155
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIO M. SARRIA at (305) 471-7903
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building



ARTICLES OF DISSOEUTION

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: MIAMI MEDICAL DEPOT, INC
SECOND:	The document number of the corporation (if known): P12000017832
THIRD:	The date dissolution was authorized: 12/12/2013
mind.	Effective date of dissolution if applicable: 12/12/2013 (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 patitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(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)
	MARIO M. SARRIA
	(Typed or printed name of person signing)
	PRESIDENT

Filing Fee: \$35

(Title of person signing)

Notice of Corporate Dissolution

10 Succession of This notice is submitted by the dissolved corporation named below for resolution of payme 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 disso

Name of Corporation: MIAMI MEDICAL DEPOT, 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:

DISSOLUTION	
OPERATION OF THE CORPORATION PRIOR TO	O THE DATE OF
CLAIMS COMING FROM OR WITHIN THE NORW	IAL BUSINESS

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

MIAMI MEDICAL DEPOT, INC
1840 SW 82ND AVENUE
MIAMI, FLORIDA 33155

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.

MARIO M. SARRIA

Printed Name of the Person Filing

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