

P120000 17832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

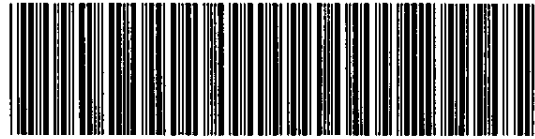
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253968522

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

EFFECTIVE DATE
12/23/2013

2013 DEC 23 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. HAWKES

DEC 30 2013

EXAMINER

COVER LETTER

TO: Amendment Section
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

(Name of Contact Person)

at (**305**) **471-7903**

(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

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: 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:

CLAIMS COMING FROM OR WITHIN THE NORMAL BUSINESS
OPERATION OF THE CORPORATION PRIOR TO THE DATE OF
DISSOLUTION

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

MIAMI MEDICAL DEPOT, INC

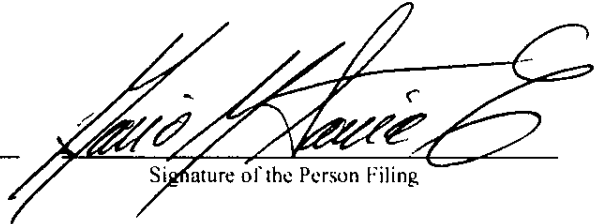
1840 SW 82ND AVENUE

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



Signature of the Person Filing

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