P120000043160

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SEURE LARY OF STATE
SELAHASSEE FLORIDA

19/12

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: SLMD Enterprises, Inc.		
DOCUMENT NUMBER: P1200006316	0	
The enclosed Articles of Dissolution and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Maria McGowan		
(Name of Con	tact Person)	
N/A		
(Firm/Company)		
7769 Pine Lakes Blvd		
(Addre	ss)	
Port Saint Lucie, FL 34952		
(City/State ar	nd Zip Code)	
For further information concerning this matter,	please call:	
Maria McGowan	at (772) 240-4665 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
(A	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, dertified Copy Certificate of Status & Certified Copy enclosed) (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 FILE

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Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

ELD OT	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SLMD Enterprises, Inc.
SECOND:	The document number of the corporation (if known): P12000063160
THIRD:	The file date of the articles of incorporation: 7/19/12
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.
Sigr	nature: March State of the control o
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Maria McGowan
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35