

P94000074263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

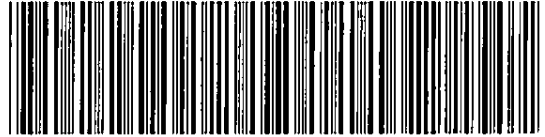
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/24/24--01009--017 **35.00

STATE
TALLAHASSEE, FL

2024 JAN 24 AM 10:31

FILED

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tsardoulas Prescriptions, Inc.

DOCUMENT NUMBER: P94000074263

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

Please return all correspondence concerning this matter to the following:

John M. Sakellarides, Esq.

(Name of Contact Person)

John M. Sakellarides, P.A.

(Firm/Company)

29605 US highway 19 North, Suite 110

(Address)

Clearwater, Florida 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

John M. Sakellarides

_____ at (727) 785-1228

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2024 JUN 10 10:40:37
STATE
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Tsardoulis Prescriptions, Inc.

SECOND: The document number of the corporation (if known): P94000074263

THIRD: The date dissolution was authorized: December 11, 2023

Effective date of dissolution if applicable: December 31, 2023

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:

Chris Tsardoulis

(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)

Chris Tsardoulis

Chris Tsardoulis

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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: Tsardoulas Prescriptions, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: December 31, 2023

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name and Address of Claimant _____

The Amount of the Claim _____

The Services or Product Provided _____

The Date the Claim Accrued _____

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

29605 US Highway 19 North, Suite 110, Clearwater, Florida 33761

ATTN: John M. Sakellarides, Esq.

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.

Chris Tsardoulas
Printed Name of the Person Filing

Chris Tsardoulas
Signature of the Person Filing

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