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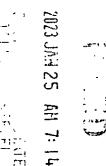
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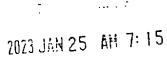
## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Dissolution of Corporation SUBJECT: P96000081028 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Ziajka (Name of Contact Person) The Florida Lipid Institute, PA (Firm/Company) 80 Michael Blake Blvd. #307 (Address) Winter Springs, FL 32708 (City/State and Zip Code) For further information concerning this matter, please call: 407-484-5225 Ava Tunstall (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Street Address:

### **Mailing Address:**

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



# 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:  The Florida Lipid Institute, PA		
SECOND:	The document number of the corporation (if known):		
SECOND.			
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution <u>if applicable:</u> (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: Paul Flojki		
	(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)		
	Paul Ziajka		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35