

P98000035720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Diss/Inchyl

Division of Corporations:

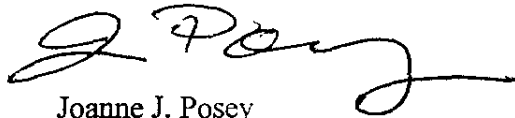
10/30/2002

This correspondence is to request voluntary dissolution of my corporation. Enclosed is the dissolution form and a check in the amount of \$ 43.78. Please send me a certified copy of the dissolution.

My permanent address is: Joanne J. Posey  
573 Chesterville Road, Apt. # 42  
Tupelo, Mississippi 38801

My telephone number is: (662) 407-0697.

Thank you,



Joanne J. Posey

ARTICLES OF DISSOLUTION

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Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: COUNTY OF STATE  
ALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Aventura Eye Care, P.A.

SECOND: The filing date of the articles of incorporation was: 4/16/1998

THIRD: (CHECK ONE)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.


SIXTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 30th day of October, 2002

Signature

  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Joanne J. Posey

(Typed or printed name)

President

(Title)