

P98000058020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

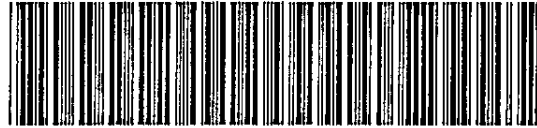
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/02/04--01009--008 \*\*35.00

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04 AUG -2 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Void is w/notice*

*16  
8/4*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P98000058020

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

Please return all correspondence concerning this matter to the following:

LINDA S. MILANO  
(Name of Person)

LINDA S. MILANO & ASSOCIATES, ARUP, PA  
(Name of Firm/Company)

940 S.W. 189 TERRACE  
(Address)

PEMBROKE PINES, FL 33029  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Linda Milano at (754) 235 3512  
(Name of Person) (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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

FILED  
04 AUG -2 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation as currently filed with Department of State:  
Linda S. Milano & Associates, A.R.N.P., P.A.

SECOND: The document number of the corporation (if known): P98000059020

THIRD: The file date of the articles of incorporation was: JUNE 29, 1998

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.

Signed this 27 day of July, 2004.

Signature:

Linda Milano, President

(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.)

Linda Milano

(Typed or printed name of person signing)

Linda Milano

(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: Linda S. Milano, A.R.N.P., P.A.

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:

REASON FOR claim  
What claim is  
Any money attached to claim -  
~~1~~ Amount & Reason

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

Linda Milano  
940 S.W. 189 Terrace  
Pembroke Pines, Fla. 33029

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.

Linda Milano  
Printed Name of the Person Filing

Linda Milano  
Signature of the Person Filing