

P99000027688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

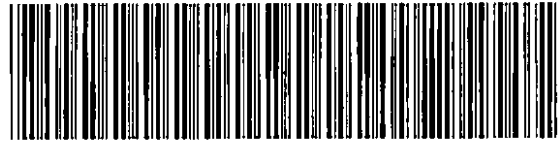
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W. F. H. G. S. M. A.

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200404400402

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2023

LINDA ZIPOLI
5110 JACKSON STREET
HOLLYWOOD, FL 33021

SUBJECT: LINDA'S MEDICAL TRANSCRIPTION, INC.
Ref. Number: P99000027688

We have received your document for LINDA'S MEDICAL TRANSCRIPTION, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

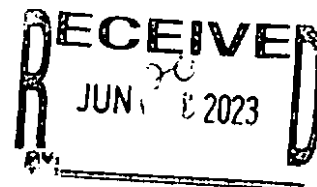
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 723A00011908

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Linda's Medical Transcription Inc

DOCUMENT NUMBER: P99000027688

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

Please return all correspondence concerning this matter to the following:

Linda Zpoli
(Name of Contact Person)

Linda's Medical Transcription Inc
(Firm/Company)

5110 Jackson Street
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Zpoli at (954-410-1863)
(Name of Contact 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, FL 32314

Street Address:

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

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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:

Linda's Medical Transcription Inc

SECOND: The document number of the corporation (if known): P99000027688

THIRD: The date dissolution was authorized: 4/1/2023

Effective date of dissolution if applicable: _____
(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: _____

(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 Zpodi

(Typed or printed name of person signing)

President

(Title of person signing)

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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 Medical Transcription Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

4/1/2023
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Closed due to medical Transcription became
obsolete.

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

Linda Zpoli
5110 Jackson Street
Hollywood, FL 33021

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 Zpoli
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

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