

P990000 37391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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3-16-06

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P99000037391

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

Please return all correspondence concerning this matter to the following:

JOHN METZ

(Name of Contact Person)

SPECIALITY SURSICAL REPAIR INC

(Firm/Company)

3417 S. SAXXON RD

(Address)

ST AUGUSTINE, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN METZ

(Name of Contact Person)

at ( 904 ) 342 0136

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

SPECIALITY SURGICAL REPAIR, INC

SECOND: The document number of the corporation (if known): P99000037391

THIRD: The date dissolution was authorized: 12-31-2005

Effective date of dissolution if applicable: 12-31-2005  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting group

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

ALL (2) SHAREHOLDERS

(voting group)

Signed this 14 day of MARCH, 2006

Signature: [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)

John Metz

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED

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CLERK OF STATE  
TALLAHASSEE, FLORIDA