

P99000051331

(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:

Office Use Only



400191696774

01/25/11--01022--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -2 PM 1:09

Att DIS
10 3/4/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millennium Medical Systems, Inc.

DOCUMENT NUMBER: P99000051331

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

Please return all correspondence concerning this matter to the following:

Antonio Zas

(Name of Contact Person)

Millennium Medical Systems, Inc.

(Firm/Company)

1604 Olive Street

(Address)

Lakeland, FL 33815

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Zas

(Name of Contact Person)

at (813) 318-1020

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2011

ANTONIO ZAS 2ND MAILING
MILLENNIUM MEDICAL SYSTEMS, INC.
P.O. BOX 24209
LAKELAND, FL 33802

SUBJECT: MILLENNIUM MEDICAL SYSTEMS. INC.
Ref. Number: P99000051331

We have received your document for MILLENNIUM MEDICAL SYSTEMS. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK AT LEAST 1(one) BOX IN THE 4(th) PART OF THE FORM.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00002288

RECEIVED
11 MAR -2 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2011

ANTONIO ZAS
MILLENNIUM MEDICAL SYSTEMS, INC.
1604 OLIVE STREET
LAKELAND, FL 33815

SUBJECT: MILLENNIUM MEDICAL SYSTEMS. INC.
Ref. Number: P99000051331

We have received your document for MILLENNIUM MEDICAL SYSTEMS. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK AT LEAST 1(one) BOX IN THE 4(th) PART OF THE FORM.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00002288

ARTICLES OF DISSOLUTION

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 the Florida Department of State:

Millennium Medical Systems, Inc.

SECOND: The document number of the corporation (if known): PA9000051331

THIRD: The file date of the articles of incorporation: 6/02/1999

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.

Signature: Antonio Zas

(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.)

Antonio Zas

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -2 PM 1:09