

P99000078909

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

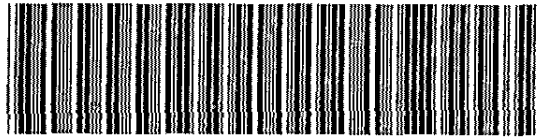
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9/29/04*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** P99000078909

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

Please return all correspondence concerning this matter to the following:

ZOILA M VALDES

(Name of Person)

MILLENNIUM PHARMACY, INC.

(Name of Firm/Company)

12365 NW 6 ST

(Address)

MIAMI, FL 33182

(City/State/and Zip Code)

For further information concerning this matter, please call:

ZOILA M VALDES

(Name of Person)

at ( 786 ) 301-2126

(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

