

L14000081727

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
COAST QUALITY PHARMACY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

REC-100

15 FEB 24 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF ADMINISTRATIVE SERVICES
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15 FEB 24 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 25 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Quality Pharmacy, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jan Lapinid

(Name of Person)

CT Corporation

(Firm/Company)

2875 Michelle Dr., Ste 100

(Address)

Irvine, CA 92618

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan Lapinid

(Name of Person)

949

743-8104

At (

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Coast Quality Pharmacy, LLC
2. The Articles of Organization were filed on 05/20/2014 and assigned
document number L14000081727
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
After entity was created; it was determined it was no longer needed.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: David Cheek
623 Highland Colony Parkway, Suite 100
Ridgeland, MS 39157

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

David Cheek
Signature

David Cheek

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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