

L16000164713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

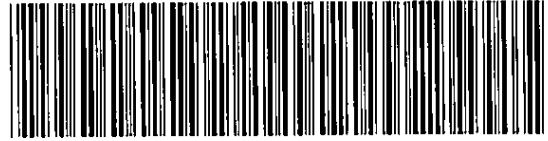
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/03--01011--006 ++50.00

2003 FEB -2 PM 1:08
CLERK OF STATE
TALLAHASSEE, FL

FILED

ProCare Pharmacy Benefit Manager, Inc

Managing Your Pharmacy Benefit, One Prescription at a Time™

January 25, 2023

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
850-245-6051

Re: ProCare Pharmacy Benefit Manager, Inc.
Dissolve of a Florida Limited Liability Company

Dear Sir/Madam:


I have completed Articles of Dissolution for A Limited Liability Company in the State of Florida for the below companies:

1638-E High Mountain Drive LLC
Squires Point, LLC

Both have the Cover Letter indicating the return name and address for the companies as well as a check in the amount of \$50.00 covering the cost of \$25.00 for each company

Please contact me should you need any additional information. Thank you.

Sincerely,



Joyce Coulter
Senior Legal Assistant
jcoulter@procarerx.com
678-248-3125

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1638-E High Mountain Drive, 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:

Barbara Rambo
_____ (Name of Person)
1638-E High Mountain Drive, LLC
_____ (Firm/Company)
1267 Professional Parkway
_____ (Address)
Gainesville, GA 30507
_____ (City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Rambo _____ 678 _____ 248-3112
_____ at (_____) _____
(Name of Person) (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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2023 FEB -2 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
1638-E High Mountain Drive, LLC

2. The Articles of Organization were filed on 9/6/2016 and assigned
document number HL6000220689 L16000164713

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)
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.

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).
No business operations

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Barbara Rambo

1267 Professional Parkway

Gainesville, GA 30507

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:


Signature

Barbara Rambo

Printed Name

FILING FEE: \$25.00