ALW 0000000 377

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
. (City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
	١.,	
12 del		

Office Use Only



800300268948

U6/28/1:--01816---bis **8:.00

07/12/17--01024---001 **17.50

17.30 TO STATE OF THE STATE OF

JUL 1 2 2317 J SP:(V=:RS



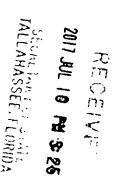
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2017

NICHOLE GARY BIOSCIENCE LABORATORY, LLLP 5808 GYPSUM PL WEST PALM BEACH, FL 33413

SUBJECT: BIOSCIENCE LABORATORY, LLLP

Ref. Number: A1600000377



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

The form you submitted is for a Corporation, but your entity is a Limited Liability Limited Partnership. Please complete and return the enclosed blank form(s).

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$17.50.

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 417A00013040

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: BIOSCUPU LA (Name of Florida Limited Partnership	DO ratory, LLP or Limited Limited Partnership)
The enclosed Certificate of Dissolution and fee Please return all correspondence concerning the Charles Gard (Contact Person	is matter to:
Bioscience Labor	ratory; LLLP
5808 Gypsum Pla	Cl
West Palm Beach FL	33413 oder
For further information concerning this matter	. please call:
Nicholo Gary (Name of Contact Person)	(954) 4836216 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

- HOSCUMU Lar	SOYCOTOPY, LULY
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership
partnership or limited liability limite	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 08 09 2016 . assigned Florida 377 . hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
·	invited Liability Limited
•	· · · · · · · · · · · · · · · · · · ·
partnership has	not commenced business.
Partnership aut	ronzed the dissolution
,	
SECOND: A Notice of Dissol (Check box if a	~
Department of State.)	than 90 days after the flate this document is filed by the Florida statutory filing requirements, this date will
Signatures of each general partner or the pr	erson appointed pursuant toys. 620, 803(3) or (4). V.S.J.
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75