

A98000000931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

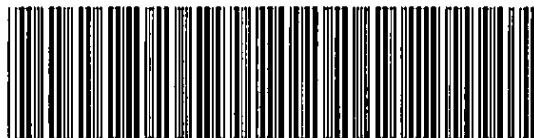
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

rec 12/4

Office Use Only



000330879330

12/12/19--01026--020 **92.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC -4 PM 5:12

Dissolution

DEC 11 2019

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: PROSCRIPT DOCUMENTATION SERVICES, LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Christopher Smith

(Contact Person)

SmithLaw

(Firm/Company)

5391 Lakewood Ranch Blvd N 203

(Address)

Sarasota, FL 34240

(City, State and Zip Code)

For further information concerning this matter, please call:

Chris Smith

at

941

202-2222

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 DEC -4 PM 5:12

**CERTIFICATE OF DISSOLUTION
FOR**

PROSCRIPT DOCUMENTATION SERVICES, LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/14/1998, assigned Florida document number A98000000931, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

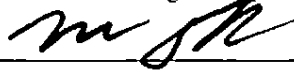
Agreement of the partners due to termination of all business activity.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

19 DEC -A PM 5:12

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS