

# L02000023274

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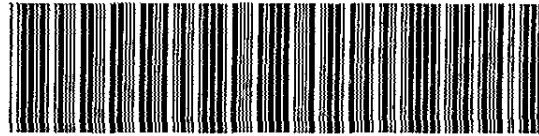
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## Cover Letter

### Return Address:

Preferred Prescription Program LLC  
18735 Akins Dr.  
Spring Hill, FL 34610

### Phone Number:

727-858-4597

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

1. The name of the limited liability company is Preferred Prescription  
Program LLC

2. The effective date of the limited liability company's dissolution is 12/01/03

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
Osection 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Limited Liability Company was not profitable.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the  
dissolution:

Signature

Seth E. Mourra

Typed or Printed name

Seth E. Mourra

Filing Fee: \$25.00

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