

LB3000018967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

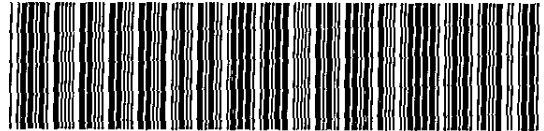
(Business Entity Name)

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BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 363004 7380167

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 25.00

ORDER DATE : December 16, 2003

ORDER TIME : 10:0 AM

ORDER NO. : 363004-005

CUSTOMER NO: 7380167

CUSTOMER: Mr. Haywood S. Hullender
Mr. Haywood S. Hullender
3182 Whisper Wind Drive

Saint Cloud, FL 34771

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DOMESTIC FILINGS

NAME: AMERICAS CHOICE PHARMACY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 1135

EXAMINER'S INITIALS: _____

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

1. The name of the limited liability company is AMERICAS CHOICE PHARMACY, LLC

2. The effective date of the limited liability company's dissolution is 10/16/03

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

No business conducted

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

Typed or Printed name

H. S. Mullen
S. L. Johnson

H. S. MULLEN
S. L. JOHNSON

Filing Fee: \$25.00

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