

LO3000037469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

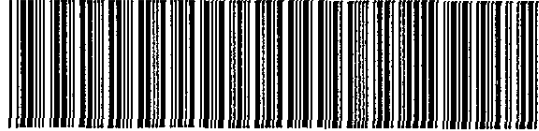
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700029246557

02/25/04--01026--018 **43.75

RECEIVED
FEB 25 2004
CLERK OF COURT

FILED

FILED

LO3-37469
Q



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 5, 2004

MONICA SIROVA
P.O. BOX 4502
TEQUESTA, FL 33469

SUBJECT: CLINICAL PHARMACOLOGY HEALTHCARE SOLUTIONS, L.L.C.
Ref. Number: L03000037469

We have received your document for CLINICAL PHARMACOLOGY HEALTHCARE SOLUTIONS, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00014897

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 14 AM 9:51

FILED

Return to Monica Sikora

P.O. Box 4502

Tegucigalpa 33469

561 346 3260

I love you.

09 MAY 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. The name of the limited liability company is Clinical Pharmacology Healthcare Solutions, L.L.C.

2. The effective date of the limited liability company's dissolution is 1-21-2004

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).

An agreement between Directors Monica Sikora & Brian Hudson

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

Monica Sikora
Brian Hudson

Typed or Printed name

MONICA SIKORA
BRIAN HUDSON

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 14 AM 9:51

FILED

Filing Fee: \$25.00