

L050000004935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

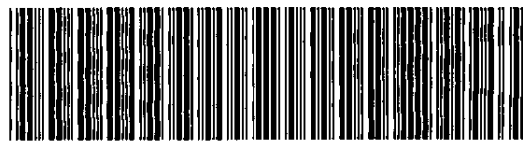
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/26/11--01005--005 **43.75

09/07/11--01002--004 **11.25

FILED
11 SEP -2 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 6 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2011

KAREN L. BUSCH
AVANCIA CLINICAL RESEARCH LLC
9480 NW 10TH STREET
PLANTATION, FL 33322

SUBJECT: AVANCIA CLINICAL RESEARCH LLC
Ref. Number: L05000004935

FILED
11 SEP -2 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AVANCIA CLINICAL RESEARCH LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 811A00020071

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avancia Clinical Research LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Karen Busch
(Name of Person)
Avancia Clinical Research
(Firm/Company)
9480 NW 10th St.
(Address)
Plantation, FL 33322
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -2 PM 3:37

FILED

For further information concerning this matter, please call:

Karen Busch at (954) 240-2976
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
14 SEP -2 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Avancia Clinical Research, LLC

2. The Articles of Organization were filed on 18 JAN 2005 and assigned document number LO5000004935.

3. The date the dissolution was approved: 22 AUG 2011.

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

LOSS OF BUSINESS DUE TO LACK OF WORK

5. 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.

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

7. 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

Karen L Busch

Printed Name

Karen L BUSCH