

L0600000 39470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

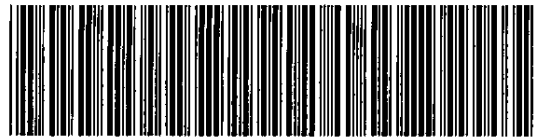
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400177885364

04/28/10--01042--012 \*\*25.00

FILED  
10 APR 28 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

APR 30 2010

EXAMINER

MyCorporation®

23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005  
Email: customerservice@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

March 24, 2010

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: MAI PHARMACY LLC**

Ladies and Gentlemen:

Please find enclosed for filing dissolution documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation  
23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302  
**ATTN: Post Formation Filings**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAI PHARMACY LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Post-Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

23586 Calabasas Rd., Suite 102

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations

(Name of Person)

at ( 877 ) 692-6772

(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**

1. The name of a limited liability company is

MAI PHARMACY LLC

2. The Articles of Organization were filed on 04/17/2006 and assigned document number  
L06000039470

3. The date the dissolution was approved: March 18, 2010

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).

upon the written consent of all the members of the limited liability company.

**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

Printed Name

*Duc Phan*  
*Laura Phan*

Duc Phan, Member

Laura Phan, Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA