

LOL 000078684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

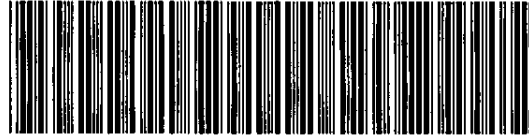
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paddock Park 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:

John P. Gresh, MD

(Name of Person)

(Firm/Company)

2714 SE 22nd Ave

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

John P. Gresh, MD

(Name of Person)

352

at (

804-1989

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
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
Paddock Park Clinical Research, LLC
2. The Articles of Organization were filed on August 09, 2006 and assigned
document number L06000078684
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Paddock Park Clinical Research, LLC, has ceased its business activities as a clinical
research entity, and at the discretion of its sole shareholder and Director,
John P. Gresh, MD, the LLC is dissolved.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

John P. Gresh, MD

Printed Name

FILING FEE: \$25.00

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15 JAN - 2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA