

LO7000003782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

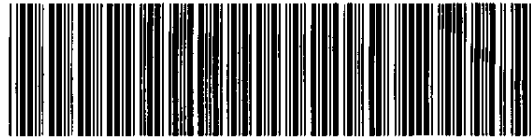
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 18 AM 9:49

FILED

C. LEWIS
Nov 19 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2010

TED G. BALCHUNAS
AVID HOME RX, LLC
19 S. HERON CREEK LOOP
INVERNESS, FL 34450

SUBJECT: AVID HOME RX, LLC
Ref. Number: L07000003782

We have received your document for AVID HOME RX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00025017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVID HOME RX, LLC DISSOLUTION
(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:

TED G. BALCHUNAS
(Name of Person)

AVID HOME RX, LLC
(Firm/Company)

19 S. HERON CREEK LOOP
(Address)

INVERNESS FL. 34450
(City/State and Zip Code)

For further information concerning this matter, please call:

TED G. BALCHUNAS at (352) 419 6933
(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)

***NOTE PAID \$35.00 PREVIOUSLY**

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

2010 NOV 18 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

AVID HOME RX, LLC

2. The Articles of Organization were filed on 1/11/2007 and assigned document number

L07000003782

3. The date the dissolution was approved: 6/30/2010

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).

ILLNESS OF OWNER

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

Ted G. Balchunas

TED G. BALCHUNAS

Nancy B. Balchunas

Nancy B. Balchunas