

107000010399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

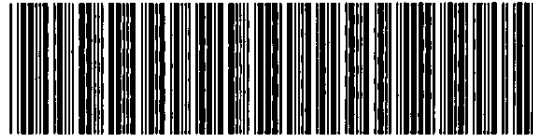
(Business Entity Name)

(Document Number)

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2017 APR 10 P 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 04/28/17

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: INNOVATIONS CLINICAL RESEARCH LLC  
(Name of Limited Liability Company)

LO7000010399  
TAX ID. # 208506643

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

Please return all correspondence concerning this matter to the following:

ETHEL KAGAN

(Name of Person)

704 S. Fifth St. CAROLINA BEACH NC  
28428

(Firm/Company)

704 S. Fifth St.

(Address)

CAROLINA BEACH NC 28428

(City/State and Zip Code)

For further information concerning this matter, please call:

ETHEL KAGAN

(Name of Person)

at (908) 319-1259

(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

FILED  
2008 APR 10 P 2:06  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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

1. The name of a limited liability company is

INNOVATIONS CLINICAL RESEARCH LLC

2. The Articles of Organization were filed on ? NOT SURE and assigned

document number LO70000 10399

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 20/2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

NO LONGER WORKING

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: ETHEL KAGAN

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2017 APR 10 P 4:06  
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TALLAHASSEE, FLORIDA

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:

Ethel Kagan  
Signature

ETHEL KAGAN  
Printed Name

**FILING FEE: \$25.00**

EFFECTIVE DATE 04/20/17