

L07000065547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

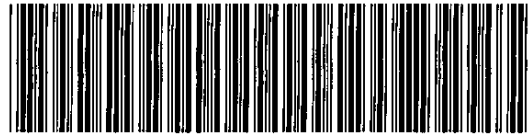
(Business Entity Name)

(Document Number)

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02/04/08--01012--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB - 4 AM 8:45

J. BRYAN

FEB - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hometowne Pharmacy #1, 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 Hurley

(Name of Person)

Hometowne Pharmacy #1, LLC

(Firm/Company)

10157 Lem Turner Road

(Address)

Jacksonville, FL 32218

(City/State and Zip Code)

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For further information concerning this matter, please call:

John Hurley

(Name of Person)

at (847) 722-3870

(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
STATE
SECRETARY OF CORPORATIONS
DIVISION
AM 8:55
08 FEB - 4

1. The name of a limited liability company is
Hometowne Pharmacy #1, LLC

2. The Articles of Organization were filed on **June 22, 2007** and assigned document number
L07000065547

3. The date the dissolution was approved: **November 30, 2007**

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).

Pharmacy opened adjacent to a clinic to provide drugs to clinic patients
Clinic has closed for unknown reasons to Hometowne Pharmacy.
Pharmacy can not do business due the closing of the clinic.

5. CHECK ONE:

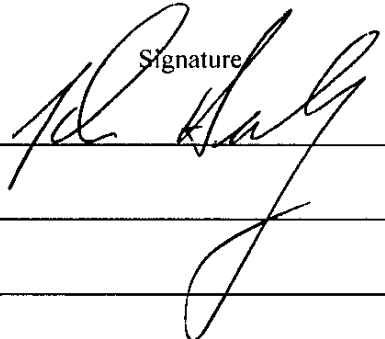
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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
John Hurley

