L67000665657

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	<u></u>
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





900261314759

900261314759 06/23/14--01047--017 **25.00



COVER LETTER

TO:	FO: Registration Section Division of Corporations			
SI D IE	EURAM HEALTH RESEARCH MA	NAGEMENT, LLC		
SUBJECT:(Name of Limited Liability Company)				
	closed Articles of Dissolution and fee(s) are submitte	-		
	SUSANA IBANEZ			
	(Name	of Person)		
	GUTTER CHAVES JOSEPHER RUBIN FORMAN FLEISHER MILL			
	(Firm	(Company)		
	2101 N.W. CORPORATE BLVD	., SUITE 107		
	(A	ddress)		
	BOCA RATON, FLORIDA 3343	1		
	(City/State	and Zip Code)		
For fur	ther information concerning this matter, please call:			
SUSANA IBANEZ		561 998-7847		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	d 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	STREET/COURIER ADDRESS: Registration Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability EURAM HEALTH RESE	y company is ARCH MANAGEMENT, LLC
2. The Articles of Organization	were filed on February 26, 2014 and assigned
document number L070000	65653
3. The delayed effective date the (effective de	e dissolution if not effective on the date of filing: ate cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence the 605.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursuant to sect opy 605.0707 on back cover letter).
Terminated business ope	erations.
5. If there are no members, enter activities and affairs:	r the name and address of the person appointed to wind up the company's
6. Signature of an authorized pe listed above to wind up the comp	rson or if there are no members, the signature of the person appointed and pany's activities and affairs:
ach	GLENN L. HALPRYN
Signature	Printed Name FILING FEE: \$25.00