

LD7000106524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262410420

08/04/14--01005--001 **25.00

FILED

2014 AUG -4 PM 12:31

FLORIDA STATE
UNIVERSITY, FLORIDA

REL. QUANTITY AUG - 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COMPOUNDING SHOP OF RIVERVIEW, 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:

CARLA TURNER-HAHN, ESQ.

(Name of Person)

CARLA TURNER-HAHN, ESQ.

(Firm/Company)

6671 - 13TH AVENUE NORTH, SUITE 1A

(Address)

ST PETERSBURG, FL 33710

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA TURNER-HAHN, ESQ.

(Name of Person)

727

329-8935

at (_____) _____

(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

FILED

2014 AUG -4 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
THE COMPOUNDING SHOP OF RIVERVIEW, LLC
2. The Articles of Organization were filed on OCTOBER 19, 2007 and assigned
document number L07000106524
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).
CONSENT OF ALL THE MEMBERS

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:

Michael S. Haulsee
Signature

Michael Haulsee
Printed Name

FILING FEE: \$25.00