

LD80000025943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

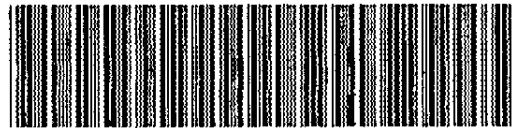
Special Instructions to Filing Officer:

L. SELLERS

FEB 18 2009

EXAMINER

Office Use Only



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12/23/08-01031-008-\$35.00

08DEC 29 AM 8:03

CREOMED

the science behind nature

840 111 TH AVE NORTH SUITE #7 NAPLES, FL 34108 239-597-3564

TO: Leslie FROM: Joe Vergelini
Doctor - PHARMACIA CORP.

COMPANY: Florida Dept State DATE: 2/12/09

FAX NUMBER: 850-245-6030 TOTAL NO. OF PAGES, INCLUDING COVER: 4

PHONE NUMBER: 850-245-6051 SENDER'S PHONE NUMBER: 239 597-3564

RE: Dissolution Check SENDER FAX NUMBER: 239 597-7566

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Leslie,
Please contact me if you have any questions. The package was received by F.D.S. on 12/23/08 via FEDERAL EXPRESS and the check #3371 was cashed on 12/24/08.

Thank you,
Joe

The information transmitted is intended only for the person(s) or entity to which it is addressed and may contain confidential and/or legally privileged material. Delivery of this message to any person other than the intended recipient(s) is not intended in any way to waive privilege or confidentiality. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOCTOR-PHARMA CONNECT, 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:

JOSEPH V. PERGOLIZZI, JR

(Name of Person)

DOCTOR-PHARMA CONNECT

(Firm/Company)

840 111TH AVE NORTH, 7

(Address)

NAPLES, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH V PERGOLIZZI, JR

(Name of Person)

at (239) 597-3564

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$0.00 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**

1. The name of a limited liability company is

DOCTOR-PHARMA CONNECT, LLC

2. The Articles of Organization were filed on MARCH 12, 2008 and assigned document number L08000025943

3. The date the dissolution was approved: DECEMBER 29, 2008

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).

OUT OF BUSINESS

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

JOSEPH V PERGOLIZZI, JR

FILING FEE: \$25.00

FILED

08 DEC 29 AM 8:14