



**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: EDGE PHARMACY 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:

ROBERT F COHEN CPA

(Name of Person)

ROBERT F COHEN CPA PA

(Firm/Company)

2918 BUSCH LAKE BLVD

(Address)

TAMPA FL 33614

(City/State and Zip Code)

FILED  
2019 SEP -6 PM 11:33

For further information concerning this matter, please call:

ROBERT F COHEN

(Name of Person)

at ( 813 ) 932-7415

(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**

1. The name of a limited liability company is  
EDGE PHARMACY LLC

2. The Articles of Organization were filed on 4/21/2008 and assigned  
document number L08000039508

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)

**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).  
COMPANY HAS CEASED OPERATIONS IN THE STATE OF FLORIDA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2008 SEP - 0 12 11:31  
TALLAHASSEE, FLORIDA

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:

HAA  
Signature

HARRIETH ALADIUME  
Printed Name

**FILING FEE: \$25.00**