## L08000048034

| (Re                                     | equestor's Name)  |      |  |
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|   | . ,               |      |  |
| (Ac                                     | ldress)           |      |  |
|   |                   |      |  |
| (Address)                               |                   |      |  |
|   |                   |      |  |
| . (Ci                                   | ty/State/Zip/Phon | e #) |  |
|   |                   | MAIL |  |
|   |                   |      |  |
| (Business Entity Name)                  |                   |      |  |
|   |                   |      |  |
| (Document Number)                       |                   |      |  |
|   |                   |      |  |
| Certified Copies Certificates of Status |                   |      |  |
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| Special Instructions to Filing Officer: |                   |      |  |
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05/14/12--01040--021 \*\*\*30.00

FILED 12 MAY IL AHIT IT SECRETARY OF STATE TALLAHASSEE, FLORIDA



The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

• •

\$\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) 560.00 Filing Fee. Centificate of Status & Centified 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

| •   | and a state of the |  |  |
|---|--|--|--|
| ARTICLES OF DISSOLUTION<br>FOR<br>A LIMITED LIABILITY COMPANY   | 于11.60°<br>12 MAY 14 AH IP 相   |  |  |
| 1. The name of a limited liability company is<br>Trolice Pharmacy, LLC  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |  |
| 2. The Articles of Organization were filed on <u>5-13-2008</u><br><u>L08000048034</u> .   | and assigned document number   |  |  |
| 3. The date the dissolution was approved: <u>12-31-11</u> .   |  |  |  |
| 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).<br>LLC 15 a Member of an organization |  |  |  |
| which is now closed. The  | he is no   |  |  |
| need to continue this LLC   | •  |  |  |

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.

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:

ignatur

MARK P. TROLICE M.D.

Printed Name

FILING FEE: \$25.00