# L08000064849

(Re	equestor's Name)	<u> </u>		
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(D):	-i F-4:5. No.			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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FILED
SECRETARY OF STATE

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C. LEWIS

JILNE 14 2010

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2010

SHAFIQUL ISLAM BIOPHARMA USA BIOTHERAPEUTICS LLC 10924 NW 78 TERR DORAL, FL 33178

SUBJECT: BIOPHARMA USA BIOTHERAPEUTICS LLC

Ref. Number: L08000064849

We have received your document for BIOPHARMA USA BIOTHERAPEUTICS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00010651

### COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: B	OPHARMA USA (Name of Li	BIOTHERAPE imited Liability Company)	UTICS LLC	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
. <u></u>	SHAFIQUL	ISLAM Name of Person)	<del></del>	
BIOPHARMA USA BIOTHERAPEUTICS LLC (Firm/Company)				
10924 NW 78 TERRACE (Address)				
DORAL, FL-33178 (City/State and Zip Code)				
For further information concerning this matter, please call:				
<u> </u>	FIQUL ISLAM (Name of Person)	at ( 786 ) 47 (Area Code & Daytim	ro - 0 🛪 11 ne Telephone Number)	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	30.00 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)	
Ro D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive	porations g : Center Circle	

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#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2810 JUN 14 PM # 35

SECRETARY OF STATE

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1. The name of a limited liability company is  BIOPHARMA USA BIOT	HERAPEUTICS LLC
	ly 3rd, 2008 and assigned document number
3. The date the dissolution was approved:	31-5+ 2009.
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
- Owners decided	
5. CHECK ONE:	
All debts, obligations and liabilities of the lim OR- Adequate provision has been made for the de  6. All remaining property and assets have been distribute	nited liability company have been paid or discharged.  bts, obligations and liabilities pursuant to s. 608.4421.  ed among its members in accordance with their respective
7. CHECK ONE:  There are no suits pending against the compa	ny in any court.
OR- Adequate provision has been made for the sate entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Kl.	SHAFIQUL ISLAM
•	