L0900007/376

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |





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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 1 5 2011

EXAMINER

COVER LETTER

| | ation Section n of Corporations | | |
|---------------------|---|---|--|
| SUBJECT: | Phar Mar (Name o | Line Lic, LL. of Limited Liability Company) | <u></u> |
| | (i tumio | | |
| The enclosed Art | ticles of Dissolution and fee(s) are | submitted for filing. | PSE TO THE |
| Please return all | correspondence concerning this m | atter to the following: | ARC S |
| | Rhett | Daniels | ASSEE, R. P. |
| | n/s | (Name of Person) | P. CARIDE |
| | | (Firm/Company) | |
| | 13650 | | Blvd. ste 202-292 |
| | ft. nye | (Address) 5 FL 33 City/State and Zip Code) | 917 |
| | | | |
| For further inform | mation concerning this matter, ple | ase call: | |
| <u>R</u> | Let Deviels (Name of Person) | at (GU) (Area Code & Da | 270-3450 ytime Telephone Number) |
| Enclosed is a check | k for the following amount: | | |
| \$25.00 Filing Fe | ce 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 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 Pharma | Kinetra, LLC |
|---|--|
| 2. The Articles of Organization were filed on | and assigned document number |
| 3. The date the dissolution was approved: | 6/11 |
| 4. A description of occurrence that resulted in the limite 608.441. Florida Statutes, (copy 608.44) on back cov | d liability company's dissolution pursuant to section per letter). |
| | ET ARY |
| | FOR 3 |
| 5. CHECK ONE: | Contact to the contac |
| ☐-OR- | nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distribut rights and interests. | ed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa | any in any court. |
| Adequate provision has been made for the sa entered against it in any pending suit. | tisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of r | nembership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Men | - Rhett Daniels |
| | - |
| | |
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