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S. HAWKES

MAY 0 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One Pharmacy LLC (Name of Limited Liability Company)
(Name of Elimited Elability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kirsten Eylerts
(Name of Person)
2151 S. Le Jeune Road, Suite 202
(Firm/Company)
(Address)
Coral Gables, FL 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
Kirsten Eylertsat (305 _) 448-8255
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	
One Pharmacy, LLC	<u> </u>
2. The Articles of Organization were filed on 2/17/20 L10000018460	and assigned document number
3. The date the dissolution was approved: April 23, 2	2010
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	liability company's dissolution pursuant to section reletter).
By unanimous agreement of all mem	
5. CHECK ONE:	
	ited liability company have been paid or discharged.
-OR-	ots, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed	
rights and interests.	·
7. CHECK ONE:	
There are no suits pending against the compan	•
entered against it in any pending suit.	sfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of me	embership interests necessary to approve the dissolution
//// Signature	Printed Name
	Solera Health Systems, LLC
mid (m)	Juan P. de Cardenas
<u></u>	