

L10000019349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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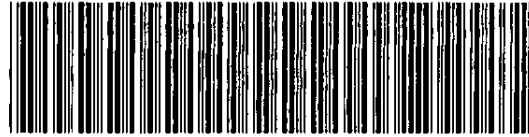
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APR 25 2011

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11 APR 21 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA PHARMACEUTICAL FULFILLMENT 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:

AILEEN DELEHANTY  
(Name of Person)

AILEEN B DELEHANTY CPA  
7300 MACKEREL LN  
HUDSON FL 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

AILEEN  
(Name of Person)

at ( 727 ) 697-3638  
(Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

**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

FLORIDA PHARMACEUTICAL FULFILLMENT LLC

2. The Articles of Organization were filed on 2/19/2010 and assigned document number

L10000019349

3. The date the dissolution was approved: 4/01/2011

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).

THE COMPANY NEVER GOT OFF THE GROUND, NO  
BUSINESS, NO INCOME OR EXPENSES, NO BANK  
ACCOUNT. MEMBERS VOTED TO DISSOLVE.  
NO ASSETS TO DISTRIBUTE.

**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.  
-OR-  
☐ 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:

Signature

Anthony T. Leon

Printed Name

ANTHONY T. LEON

**FILED**  
**11 APR 21 PM 3:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**