

L10000022353

(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:

Office Use Only



400182855404

07/02/10--01017--020 **25.00

FILED
2010 JUL -2 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADEWINDS PHARMACEUTICAL SERVICES, 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:

Theodore K. Ferguson, II

(Name of Person)

TRADEWINDS PHARMACEUTICAL SERVICES, LLC

(Firm/Company)

4549 Grand Blvd.

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore K. Ferguson, II

(Name of Person)

at (352) 232-0839

(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

(see back)

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2010 JUL -2 AM 11: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TRADEWINDS PHARMACEUTICAL SERVICES, LLC

2. The Articles of Organization were filed on 03/29/2010 and assigned document number
L10000022353

3. The date the dissolution was approved: 06/27/2010

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).

Written consent of all members (Theodore K. Ferguson, II) wishing to dissolve the business.

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

Printed Name

Theodore K. Ferguson, II MGRM 100%

Theodore K. Ferguson, II MGRM