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| (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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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|---|--|--|--|
| SUBJECT: CT Clinical Research, LLC (Name of Limited Liability Company) | | | | | |
| | | | | | |
| The end | losed Articles of Dissolution and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | Christina Valdes | | | | |
| (Name of Person) | | | | | |
| | | ·········· | | | |
| (Firm/Company) | | | | | |
| 450 Ragan Drive | | | | | |
| | (Address) | | | | |
| Miami Springs, FL 33166 (City/State and Zip Code) | | | | | |
| (Chyrstate and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| | Christina Valdes <u>at (305)</u> 481-2214 | 1 | | | |
| | (Name of Person) (Area Code & Daytime Telepl | none Number) | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25.0 | Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed) | 660.00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed) | | | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230 | ons er Circle | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| | E |
|---|--|
| 1. The name of a limited liability company is | 22 c |
| CT Clinical Research, LLC | ے ر ح |
| 2. The Articles of Organization were filed on March 1 L10000029089 | 16, 2010 and assigned document number |
| 3. The date the dissolution was approved: February | 6, 2011 |
| A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover | liability company's dissolution pursuant to section |
| Loss | |
| 5. CHECK ONE: | |
| ☐-OR- | ted liability company have been paid or discharged. ts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed rights and interests. | d among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compan | y in any court. |
| | sfaction of any judgment, order or decree which may be |
| ignatures of the members having the same percentage of me | embership interests necessary to approve the dissolution |
| Signarure A | Printed Name |
| | Christina Valdes |
| Tylu Lavi | Tyler Garcia |
| | |
| | |
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