

210000055804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

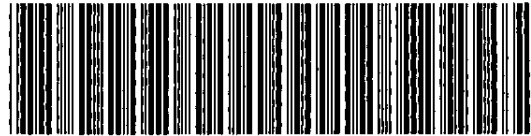
(Business Entity Name)

(Document Number)

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12 MAY -3 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 07 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHARMACIST ASSOCIATES, 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:

KARTIKEYA JHA

(Name of Person)

(Firm/Company)

9680 ARBOR MEADOW DRIVE

(Address)

BOYNTON BEACH, FL 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

KARTIKEYA JHA

(Name of Person)

at (

561

289-6534

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
PHARMACIST ASSOCIATES LLC

2. The Articles of Organization were filed on 05/14/2010 and assigned document number
L10000055804

3. The date the dissolution was approved: 04/25/2012

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).

BOTH MEMBERS OF THE LLC NOT ABLE TO DO THE PROPOSED 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

KARTIKEYA JHA

ZANKHANA PARIKH

12 MAY - 3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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