

LI0000065623

(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



400286993264

06/27/16--01010--005 \*\*25.00

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2016 JUN 27 P 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 28 2016  
BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Polypill of America 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:

Mark Blake

(Name of Person)

Polypill of America LLC

(Firm/Company)

227 SW 2nd AV

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Blake

(Name of Person)

at ( 813 ) 480-6828

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution and  
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

2016 JUN 27 P 3:26

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

1. The name of a limited liability company is

Polypill of America LLC

2. The Articles of Organization were filed on 6/21/10 and assigned

document number L10000065623

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

By vote of the members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Mark Blake

227 SW 2 AV

Fort Lauderdale, FL 33301

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Mark Blake

Printed Name

**FILING FEE: \$25.00**

2010 JUN 27 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Polypill of America LLC

Document number of Limited Liability Company is: L10000065623

Date of dissolution was: 06/11/16

Description of information that must be included in a written claim:

Type of Claim, Amount of Claim, Reason for Claim, Date of Claim  
and supporting documentatation for claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

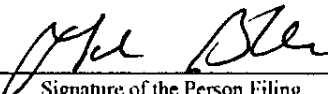
227 SW 2 AV  
Fort Lauderdale, FL 33301

\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mark Blake

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

2016 JUN 21 P 7:26  
SECRETARY OF STATE  
TREASURER OF FLORIDA

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