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Office Use Only



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OIVISION OF CORPORATIONS

J. HARRIS

COVER LETTER *

SUBJECT: _	FARMACOS VENENCERES, LL (Name of Limi	ted Liability Compa	ny)
	,	,	• /
The enclosed A	Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return a	Il correspondence concerning this matter to	the following:	
	YAMI MARTORY		
	(Na	ime of Person)	
	JORGE E. BLANCO, P.A		
	(Fi	rm/Company)	
	1401 PONCE DE LEON BOUI	LEVARD, SUIT	E 202
		(Address)	
	CORAL GABLES, FLORIDA 3	3134	
	(City/St	tate and Zip Code)	
For further inf	ormation concerning this matter, please cal	l:	
YAI	MI MARTORY	305 at (⁴⁴⁴⁻⁰⁰⁴⁴
	(Name of Person)		ode & Daytime Telephone Number)

MAILING ADDRESS:

✓ \$25.00 Filing Fee and Certificate of Dissolution

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is FARMACOS VENENCERES, LLC				
2.	The Articles of Organization were filed on 12-06-2010 and assigned				
	document number <u>L10000125169</u>				
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)				
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).				
	The company has not enganged in business since its organization.				
	It owns no assets and owes no liabilities.				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:				
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:				
110					
	Miguel A. Ortega Gonzalez				
	Signature Printed Name				

FILING FEE: \$25.00