

L11060014947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

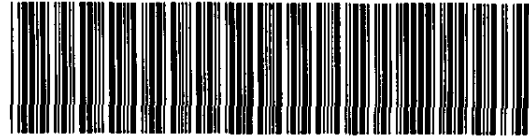
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN -2 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Bureau JAN 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hourglass Rx Distribution 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:

James R. Flanick

(Name of Person)

Hourglass Rx Distribution LLC

(Firm/Company)

10840 Japonica Court

(Address)

Boca Raton, FL 33498

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Flanick

(Name of Person)

at (561) 470-5751

(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 &
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

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

1. The name of a limited liability company is
Hourglass Rx Distribution LLC
2. The Articles of Organization were filed on February 2, 2011 and assigned
document number L11000014947
3. The delayed effective date the dissolution if not effective on the date of 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).
Members chose to discontinue the business

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. 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

Printed Name

James R Flanick

James R Flanick

FILING FEE: \$25.00

16 JAN -2 PM 12:55
STATE
PALM BEACH, FLORIDA