

L11 000 101953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

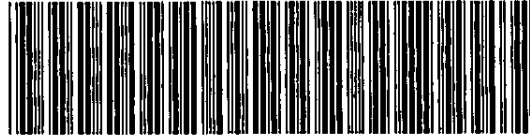
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700283208137

03/23/16--01010--018 **25.00

FILED
16 MAR 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLYPILL COMPOUND MEDICATIONS 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)

MARK T. BLAKE, LL.M. P.A.

(Firm/Company)

1910 EAST PALM AV #12302

(Address)

TAMPA, FL 33605

(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 &
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

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 COMPOUND MEDICATIONS LLC

Document number of Limited Liability Company is: L11000101953

Date of dissolution was: 03/20/16

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

NAME OF CLAIMANT, DATE OF CLAIM, AMOUNT OF CLAIM

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

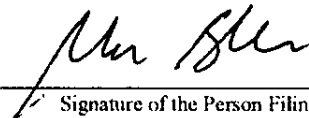
1910 EAST PALM AV #12302

TAMPA, FL 33605

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

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

1. The name of a limited liability company is
POLYPILL COMPOUND MEDICATIONS LLC
2. The Articles of Organization were filed on 09/06/11 and assigned
document number L11000101953
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
1910 EAST PALM AV #12302
TAMPA, FL 33605

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

FILED
16 MAR 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA