

L12000018395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

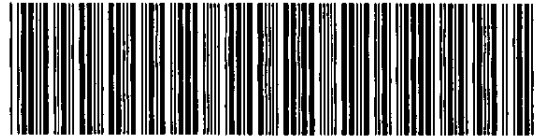
(Business Entity Name)

(Document Number)

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2013 JUL 24 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(JUL 25 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2012

DIANA DAVIS BASTA
DAVIS BASTA LAW FIRM, P.A.
36625 US HWY 19 N
PALM HARBOR, FL 34684

SUBJECT: VISTA CLINICAL RESEARCH, LLC
Ref. Number: L12000018395

We have received your document for VISTA CLINICAL RESEARCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 212A00008648

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vista Clinical Research, 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:

Jose L Cruz

(Name of Person)

Vista Clinical Research

(Firm/Company)

4006 Fiesta Plaza

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Virtudes M Cruz

(Name of Person)

at (727) 326-2967

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$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

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SECRETARY OF STATE

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

1. The name of a limited liability company is
Vista Clinical Research, LLC

2. The Articles of Organization were filed on 02/16/2012 and assigned document number
L12000018395

3. The date the dissolution was approved: 07/01/2013

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).

Personal Issues

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

Jose L Cruz.M.D.