

L12000092810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

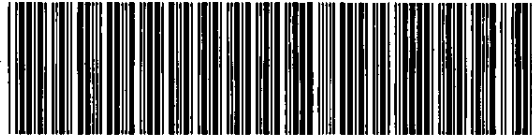
(Business Entity Name)

(Document Number)

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B. BOSTICK  
MAY 1 3 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HH 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:

Holli K. Hall  
(Name of Person)  
HH CLINICAL RESEARCH, LLC  
(Firm/Company)  
5044 Lexington Blvd.  
(Address)  
Fort Myers, FL 33919  
(City/State and Zip Code)

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11/11/11

For further information concerning this matter, please call:

Holli K. Hall at ( 239 ) 826-1358  
(Name of Person) (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  
HH CLINICAL RESEARCH, LLC

2. The Articles of Organization were filed on July 17, 2012 and assigned  
document number L12000092810

3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/2013 *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).  
Voluntary dissolution by sole MGRM, Holli K Hall

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

5044 Lexington Blvd.

Fort Myers, FL 33919

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

Holli K. Hall  
Printed Name

3/19/2014

**FILING FEE: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

HOLLI K. HALL  
5044 CLINICAL RESEARCH, LLC  
5044 LEXINGTON BLVD.  
FT. MYERS, FL 33919

SUBJECT: HH CLINICAL RESEARCH, LLC  
Ref. Number: L12000092810

We have received your document for HH 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 effective date must be specific and cannot be prior to the date of filing.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 914A00006633

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