

L12000123/10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

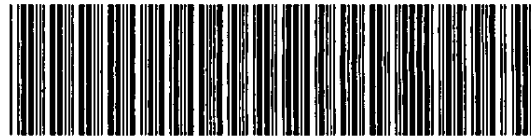
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/17--01032--016 **25.00

FILED
2017 MAR 28 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 30 2017

STITES & HARBISON PLLC
ATTORNEYS

303 Peachtree Street, N.E.
2800 SunTrust Plaza
Atlanta, GA 30308
(404) 739-8800
(404) 739-8870 Fax

VIA UPS

March 24, 2017

Amendment Section
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jessica Landis
303 Peachtree Street, NE
28th Floor
Atlanta, GA 30308
404-739-8851
404-332-0251 FAX
jlandis@stites.com

RE: Notice of Limited Liability Company Dissolution – Propharma USA LLC
C/M: PR255.000PR

To Whom It May Concern:

Please find enclosed a Notice of Limited Liability Company Dissolution for Propharma USA LLC and check number 22346 for \$25.00.

Feel free to contact me if you have any questions or require further information and thank you for your attention to this matter.

Very truly yours,



Jessica Landis
Legal Assistant
STITES & HARBISON, PLLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice under Section 605.0712 of the Florida Revised LLC Act

DOCUMENT NUMBER: L12000123110

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louann Bronstein, Esq.

(Name of Contact Person)

Stites & Harbison PLLC

(Firm/Company)

303 Peachtree Street N.E., Suite 2800

(Address)

Atlanta, GA 30308

(City/State and Zip Code)

For further information concerning this matter, please call:

Louann Bronstein, Esq. at (404) 739-8805

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

FILED

2017 MAR 28 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Propharma USA LLC

Document number of Limited Liability Company is: L12000123110

Date of dissolution was: February 24, 2017

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

Name of the claimant(s); description, in reasonable detail, of the claim; date
(or reasonable estimate of the date) the claim arose or occurred; damages claimed;
address and contact name for the claimant.

The claim must be in writing

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

Stites & Harbison PLLC

303 Peachtree Street N.E., Suite 2800

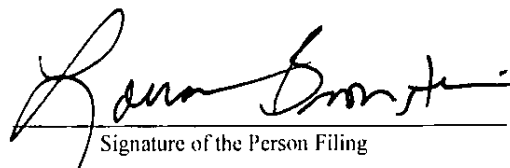
Atlanta, GA 30308

Attn: Louann Bronstein, Esq.

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.

Louann Bronstein, Attorney-in-Fact

Printed Name of the Person Filing


Signature of the Person Filing