

L1200012310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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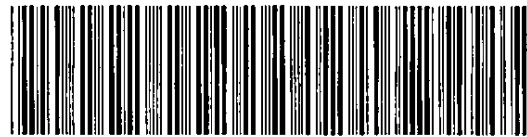
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O. SIMMONS
JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Propharma USA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louann Bronstein, Esq.

Name of Person

Stites & Harbison PLLC

Firm/Company

303 Peachtree Street N.E., 2800 SunTrust Plaza

Address

Atlanta, GA 30308

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louann Bronstein, Esq.

at (404) 739-8805

Name of Person

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Propharma USA LLC

SECOND: The Florida Document number of the limited liability company is: L12000123110

THIRD: The date of filing of the initial articles of organization is: 09/26/2012

FOURTH: The date of filing of the dissolution is: 02/24/2017

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

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DIVISION OF CORPORATIONS



Signature of Authorized Representative

Louann Bronstein, Esq.

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)