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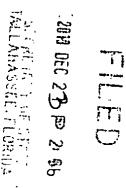
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T. LEMIEUX



December 14, 2019

LEO F ADAMS, JR 10214 TARPON DR TREASURE ISLAND, FL 33706

SUBJECT: QUALITY CLINICAL CONSULTING, LLC

Ref. Number: L12000137794

We have received your document for QUALITY CLINICAL CONSULTING, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have Leo F Adams, Jr sign the document.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 319A00025437

RECFIVED
DEC 2 3 2019

## 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:  QUALITY CLINICAL CONSULTING, LLC	
SECOND: The Florida Document number	of the limited liability company is: L12000137794
THIRD: The date of filing of the initial art	icles of organization is: 10/30/2012
FOURTH: The date of filing of the dissolu	ation is: 11/04/2019
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affairs and has determined
Lutrell	Loo E. Adams, ir
Signature of Authorized Representative	Leo F. Adams, Jr.  Typed or printed name of signature
	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)

'R2E141 (2/14)