# L130000 83844

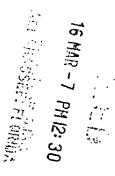
(Re	questor's Name)				
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# **COVER LETTER**

		tration Section on of Corporations	,				
SUBJECT	Ascension Bio, LLC						
		(Name of Limite	d Liability Compar	ny)			
The enclo	sed A	Articles of Dissolution and fee(s) are submitte	ed for filing.				
Please ret	urn a	Il correspondence concerning this matter to t	he following:				
		Kevin Sill					
		(Nam	e of Person)				
(Firm/Company)							
	3720 Spectrum Blvd, Suite 104						
	(Address)						
		Tampa, FL 33612					
	(City/State and Zip Code)						
For further	er infe	ormation concerning this matter, please call:					
_	Kev	rin Sill	813 at (	910-2120 ode & Daytime Telephone Number)			
_		(Name of Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed i	s a ch	eck 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)					
		MAII ING ADDDESS.	СТЪ	FFT/CAUDIED ADDDESS.			

### 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 AscensiorBio, LLC						
2.	The Articles of Organization	n were filed on June10, 2013 ar	nd assigned				
	document number L130000	83844					
3.	Note: If the date inserted in t	e the dissolution if not effective on the date of filing:  ""  ""  ""  ""  ""  ""  ""  ""  ""					
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited liability company's disso copy 605.0707 on back cover letter).	lution pursuant to section				
	Meeting of members agreeing	o dissolve entity.					
			, (1) Turk 2				
			(A)				
	If there are no members, enactivities and affairs:	er the name and address of the person appointed to v Kevin Sill	vind up the company's				
		3720SpectrumBlvd. Suite104					
		Tampa,FL 33612					
6. lis	Signature of an authorized patted above to wind up the cor	person or if there are no members, the signature of the inpany's activities and affairs:	e person appointed and				
	N W	Kevin Sill					
	Signature	Printed Na	ime				

**FILING FEE: \$25.00**