

LB 000084614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

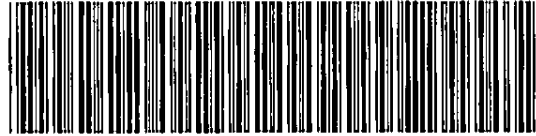
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/29/18--01009--005 ++25.00

FILED  
18 OCT 29 AM 6:30  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 13 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pharmclinic Three, 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:

Hal Densman  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1224 Cuddle Doon Avenue  
(Address)

Milton, FL 32583  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hal Densman at ( 850 ) 683-1111  
(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

FILED  
18 OCT 29 AM 6:30  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Pharmclinic Three LLC

2. The Articles of Organization were filed on 6/12/13 and assigned

document number L13000084614

3. The delayed effective date the dissolution if not effective on the date of filing: 10/25/2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

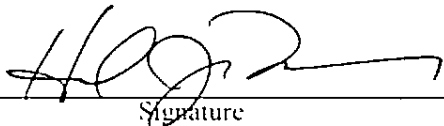
The entity will no longer transact business or  
conduct activities in Pensacola, Florida and it  
relinquishes its authority to transact business  
or conduct activities in Pensacola, Florida.

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

1224 Cuddle Doon Avenue

Milton, FL 32583

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

Hal J. Densman  
Printed Name

FILING FEE: \$25.00