

LI3000091640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

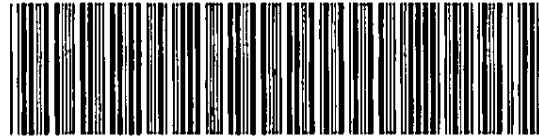
(Document Number)

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05/09/18--01006--016 **25.00

FILED
18 MAY 25 PM 4:08
SEC. OF STATE
MAY 10 11 11 AM 2018

K. SALY

JUN 4 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa Pharmacy 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:

Dwayne Jones
(Name of Person)
Villa Pharmacy LLC
(Firm/Company)
105 Avenue R N.W.
(Address)
Winter Haven FL 33881
(City/State and Zip Code)

For further information concerning this matter, please call:

Dwayne Jones at (813) 215-9855
(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 MAY 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Villa Pharmacy LLC

2. The Articles of Organization were filed on 5/2/18 and assigned

document number L13000091640

3. The delayed effective date the dissolution is not effective on the date of filing: May 30, 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).

Financial hardship.

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

Dwayne Jones

13213 Shady Stables Lane

Dover, FL 33527

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:

Dwayne Jones
Signature

Dwayne Jones
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2018

VILLA PHARMACY LLC
DWAYNE JONES
105 AVENUE R N. W.
WINTER HAVEN, FL 33881

SUBJECT: VILLAPHARMACY L.L.C.
Ref. Number: L13000091640

We have received your document for VILLAPHARMACY L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00010081

RECEIVED
2018 MAY 25 AM 10:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FL