

L13000150718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

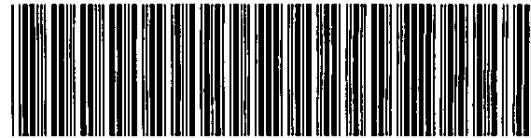
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/16--01011--010 **25.00

M. MILLIGAN
EXAMINER

SEP -8

FILED
2016 SEP -6 AM 8:35
SECTION OF STATE
TALLAHASSEE FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME CLINICAL RESEARCH L.L.C
(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:

NAHEED MEHKRI
(Name of Person)

PRIME CLINICAL RESEARCH L.L.C
(Firm/Company)

3505 PROGRESS LN,
(Address)

ST. CLOUD, FL 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

NAHEED MEHKRI at (832) 6418718
(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**

1. The name of a limited liability company is

PRIME CLINICAL RESEARCH L, L, C

2. The Articles of Organization were filed on 10/25/2013 and assigned

document number L13000150718

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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.

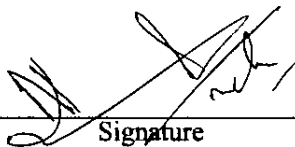
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I donot wish to continue to do business
in 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:

NAHEED MEHKRI
3505 PROGRESS LN
ST. CLOUD, FL 34769

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

NAHEED MEHKRI
Printed Name

FILING FEE: \$25.00

FILED
2013 SEP -6 AM 8:35
STATE OF FLORIDA
TALLAHASSEE