

L13000171103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

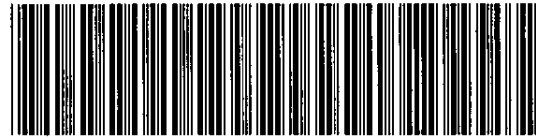
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/05/14--01001--007 **25.00

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2014 NOV -4 PM 3:40
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14 NOV -4 PM 4:32
- SECRETARY OF STATE
- TALLAHASSEE, FLORIDA

6M
11/4/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RqV Pharmaceutical Services 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:

Stephen E Payne
(Name of Person)

RqV Pharmaceutical Services
(Firm/Company)

2025 Doamar Dr.
(Address)

Tallahassee FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Payne at (850) 212 8802
(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

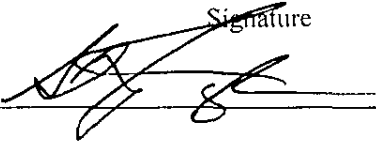
1. The name of a limited liability company is AQU Pharmaceutical Services LLC
2. The Articles of Organization were filed on 12/11/13 and assigned document number L13000171103
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Left the Country.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Stephen E Payne
2025 Dcomar Dr
Tallahassee FL 32308

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

Printed Name



Stephen Payne

FILING FEE: \$25.00

FILED
14 NOV -4 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA