

L14000018408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

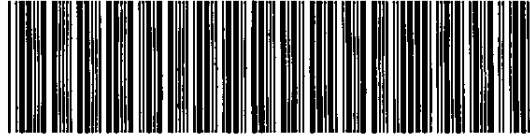
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600267704086

01/14/15--01017--015 \*\*25.00

2015 JAN 14 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

JAN 28 2015  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Discount Pet Meds and More, 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:

Brian Nourse  
(Name of Person)  
Discount Pet Meds and More, LLC  
(Firm/Company)  
435 Chelsye Meadow Ct.  
(Address)  
St. Augustine, Fl, 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Nourse at ( 904 ) 501-4767  
(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)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2015 JAN 14 PM 5:28

FILED

**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  
Discount Pet Meds and More, LLC
  
2. The Articles of Organization were filed on February 3, 2014 and assigned  
document number L14000018408
  
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)
  
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).  
This company never carried on any business or made any sales as the company was  
not able to obtain reasonable wholesale pricing from the distributors of the products it  
intended to sell.
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Brian Nourse  
435 Chelsye Meadow Ct.  
St. Augustine Fl. 32084
  
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:

Brian Nourse  
Signature

Brian Nourse  
Printed Name

**FILING FEE: \$25.00**

2015 JAN 14 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**