

L14 0000 45389

(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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06/16/14--01009--016 **25.00

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TALLAHASSEE, FLORIDA
0016 1700

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shamrock 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:

Kathleen Spano

(Name of Person)

SFRO

(Firm/Company)

225 Chimney Corner Lane, Suite 1011

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Spano

561

275-1820

at (

(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
Shamrock Pharmacy, LLC
2. The Articles of Organization were filed on 3/19/14 and assigned
document number L14000045389
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).
No members

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Kathleen Spano
225 Chimney Corner Lane, Suite 1011
Jupiter, FL 33458

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:

Kathleen Spano
Signature

Kathleen Spano
Printed Name

FILING FEE: \$25.00

FILED
MAR 20 2014
CLERK OF CIRCUIT COURT
JUPITER, FLORIDA