

LA000052675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

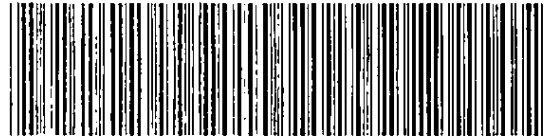
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN - 7 2022

Office Use Only



700387957987

FILED

2022 JUN -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 723676 5151529

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : June 3, 2022

ORDER TIME : 3:53 PM

ORDER NO. : 723676-025

CUSTOMER NO: 5151529

DOMESTIC FILINGS

NAME: HOME SERV PHARMA LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HOME SERV PHARMA, 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:

Mary Lacroix

(Name of Person)

SP+ Corporation

(Firm/Company)

200 E Randolph St, Suite 7700

(Address)

Chicago IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Lacroix

(Name of Person)

at (**312**) **274-2033**

(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**

2022 JUN -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

1. The name of a limited liability company is
HOME SERV PHARMA, LLC

2. The Articles of Organization were filed on 03/31/2014 and assigned
document number L14000052675

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).
The consent of all of the members of the limited liability company to dissolve the limited liability company.

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

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

Ritu Vig

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HOME SERV PHARMA, LLC

Document number of Limited Liability Company is: L14000052675

Date of dissolution was: May 3, 2022

Description of information that must be included in a written claim:

The nature and amount of the Claim. Claims must be in
writing and sent to the address below.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

HOME SERV PHARMA, LLC

Attn: Legal Department

200 East Randolph Street, Suite 7700

Chicago, IL 60601

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RITU VIG

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00