

L14 000067516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

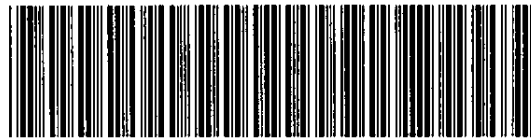
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/14--01015--005 **25.00

FILED
2014 DEC 17 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVA DISCOUNT 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:

Maher Malak

(Name of Person)

G&D Accounting and Taxes Services

(Firm/Company)

2033 SW 173rd Ave.

(Address)

Miramar, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Maher Malak

(Name of Person)

at (

305

(Area Code & Daytime Telephone Number)

502-8281)

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

2014 DEC 17 PM 2:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
NOVA DISCOUNT PHARMACY LLC
2. The Articles of Organization were filed on 04/25/2014 and assigned
document number L14000067516
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).
Operation Ceased

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: VIVIAN KHALIL
2055 S ATLANTIC AVE., UNIT #801
DAYTONA BEACH SHORES, FL 32118

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:

2014 DEC 17 AM 10:24
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
CLERK OF COURT

FILED

Vivian Khalil

Signature

VIVIAN KHALIL

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: NOVA DISCOUNT PHARMACY LLC

Document number of Limited Liability Company is: L14000067516

Date of dissolution was: 12/01/2014

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

Operation Ceased

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

2055 S ATLANTIC AVE., UNIT #801

DAYTONA BEACH SHORES, FL 3211

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.

VIVIAN KHALIL

Printed Name of the Person Filing

Vivian Khalil

Signature of the Person Filing

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