

L14 000075238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
14 MAY 20 PM 4:15  
TALLAHASSEE, FLORIDA

T. Suron MAY 29 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lexium International, 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:

Tiffany Ramsey

(Name of Person)

Lexium International, LLC

(Firm/Company)

1591 Hayley Lane, Suite 203

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Ramsey

(Name of Person)

888

666-1714

at ( )

(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  
Lexium Pharmaceutical, LLC
2. The Articles of Organization were filed on 05/08/2014 and assigned  
document number L14000075238
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).  
An event or circumstance that the operating agreement states causes dissolution  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Tiffany Ramsey  
1591 Hayley Lane, Suite 203  
Fort Myers, FL 33907  
\_\_\_\_\_
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:

Tiffany N. Ramsey  
Signature

Tiffany Ramsey  
Printed Name

**FILING FEE: \$25.00**

FILED  
14 MAY 20 PM 4:15  
STATE  
TALLAHASSEE, FLORIDA