14 5000 75646

(Requestor's Name)						
(Address)						
(Address)						
(City/State (Zin/Dhana 40)						
(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



300260096103

05/20/14--01033--005 **25.00

2014 MAY 20 PH 12: 05

MAY 28 2014 T CLINE

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

(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:						
Please return all correspondence concerning this matter to the following:						
Tiffany Ramsey						
(Name of Person)						
Lexium Pharmaceutical, LLC						
(Firm/Company)						
1591 Hayley Lane, Suite 203						
(Address)						
Fort Myers, FL 33907						
(City/State and Zip Code)	2014 PAY 20 5.75.6 TA.O					
For further information concerning this matter, please call:	い。					
Tiffany Ramsey 888 666-1714						
(Name of Person) (Area Code & Daytime Telephone Number	<u></u> 65					
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) Certified Copy (additional copy is enclosed) Certified Cop						
Registration Section Registration Section Division of Corporations Division of Corporations	_					

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 Organizati	<u></u>	8/2014	and assigned		
	document number L1400			- 0		
3. The delayed effective date the dissolution if not effective on the date of filing:						
4.			· ·	ssolution pursuant to section		
	An event or circumstance that the operating agreement states causes dissolution-					
				20.20		
				20 A		
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		. O		
		1591 Hayley La	ne, Suite 203			
		Fort Myers, FL 3	33907			
				<u> </u>		
6. lis	Signature of an authorized sted above to wind up the co	person or if there are ompany's activities and	no members, the signature of d affairs:	the person appointed and		
	Dans N. Roma	٠	Tiffany Ramsey			
-	W Signature	()	Printed	Name		

FILING FEE: \$25.00