

L14000115356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

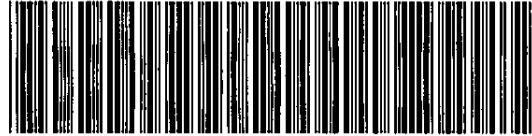
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 MAY 11 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIN-IT PHARMACEUTICAL SALES
(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:

MATTHEW GRIFFIN
(Name of Person)

SPIN-IT PHARMACEUTICAL
(Firm/Company)

603 CITRUS CT.
(Address)

ROUTE UOOMA BEACH, FL. 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW GRIFFIN at (731) 336-4419
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

MATTHEW GRIFFIN
603 CITRUS COURT
PONTE VEDRA BEACH, FL 32082

SUBJECT: SPIN-IT PHARMACEUTICAL SALES L.L.C.
Ref. Number: L14000115356

RECEIVED
DIVISION OF CORPORATIONS
REGISTRATION SERVICES
15 MAY 11 AM 10:00

We have received your document for SPIN-IT PHARMACEUTICAL SALES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00008504

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2015 MAY 11 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SPIN-IT PHARMACEUTICAL SALES

2. The Articles of Organization were filed on JULY 1, 2014 and assigned

document number L14000115356

MAY 26, 2015

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).

IMMEDIATELY AFTER FORMING THIS LLC; I
GOT A JOB WITH MY CURRENT EMPLOYER AND
DID NOT NEED THE LLC.

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

MATTHEW GRIFFIN

603 CITRUS CT.

POINTE VEDRA BEACH, FL. 32082

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:

Matthew J. Griffin
Signature

MATTHEW J. GRIFFIN
Printed Name

FILING FEE: \$25.00