

L14000150286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

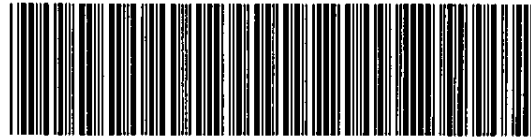
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900264144759

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2015 JAN 23 P 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 26 2015

CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFCRI, 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:

JORGE GARCIA, RPH  
(Name of Person)

SOUTH FLORIDA CLINICAL RESEARCH INSTITUTE  
(Firm/Company)

2964 NORTH STATE RD #7  
(Address)

MARGATE, FLORIDA 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE GARCIA, RPH at (954) 582-7007  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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

SFCRI, LLC

2. The Articles of Organization were filed on 9/25/2014 and assigned

document number L14000150286

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).

ALL PARTIES INVOLVED DECIDED NOT TO  
SIGN THE JOINT VENTURE AGREEMENT

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

JORGE GARCIA, RPH

2964 N. SR #7

MARGATE, FL 33

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:

JORGE GARCIA RPH  
Signature

[Signature]  
Printed Name

**FILING FEE: \$25.00**

2015 JAN 23 P 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**FILED**

## Notice of Limited Liability Company Dissolution

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: SFCRI, LLC

Document number of Limited Liability Company is: L14000150286

Date of dissolution was: 10/28/2014

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

N/A

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

2964 N. Stale Road #7  
Suite 200  
MARGATE, FL 33063

STATE  
FILED  
JAN 23 2015

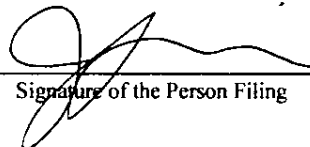
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jorge Garcia, RPh

Printed Name of the Person Filing



Signature of the Person Filing



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2014

IVONNE REYNOLDS DO  
AGING WITH GRACE  
2964 NORTH STATE ROAD #7  
MARGATE, FL 33063

SUBJECT: SFCRI,LLC  
Ref. Number: L14000150286

We have received your document for SFCRI,LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 814A00024504

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2015 JAN 23 P 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA