L15000090892

(D)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

LLC Limited Liability Contion for Florida Limited Limi	npany ed Liability Company and fec(s) arc
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natter to:	
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ease call:	
at (<u>813</u>	
Area Code	Daytime Telephone Number
	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	report notification) case call:at (813Area Code

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY



Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1	N P RX SPECIALTY PHARMACY LLC The name of the company is:
• •	The name of the company to
2.	The document number of the company is
	08/19/2024
3.	The effective date the Dissolution was filed is
4.	08/30/2024 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	2m/2
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Aug 19, 2024 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

N P RX SPECIALTY PHARMACY LLC

The document number of the limited liability company: L15000090892

The file date of the articles of organization: May 22, 2015

A description of occurance that resulted in the limited liability company's dissolution:

NO LONGER IN BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

ALPESH PATEL 5908 BRECKENRIDGE PARKWAY TAMPA, FL 33610 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALPESH PATEL

Electronic Signature of authorized person

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	RCT. N P RX SPECIALTY PHARMACY LL	С		
0000	Name of Lim	ited	Liability Con	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	for I	Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matter	er to	:	
Alpesi	h Patel			
	Contact Person			-
NPR	X SPECIALTY PHARMACY LLC			
	Firm/Company			_
5908 1	Breckenridge Parkway			_
	Address			_
Tamp	a, FL 33610			
	City, State and Zip Code		-	_
	ing@pharmfoodgroup.com			
E-	-mail address: (to be used for future annual repo	rt no	otification)	_
For fu	rther information concerning this matter, please	call	:	
Alpes	h Patel	at (813)304-2221
	Name of Contact Person	_	Area Code	Daytime Telephone Number
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations			Division of Corporations
	P.O. Box 6327			The Centre of Tallahassee
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

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