L15000202228

(Requestor's Name)
, , , ,
(Address)
(Address)
10: 10: 12: 12: 12: 12
(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



200414616802

2023 SEP IL AM IO: 48

FILED

RECEIVE PH 3: 20
2029 SEP 14 PH 3: 20
ALL AHASSEE CYDDIN

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120060000195 REFERENCE 1206939 1207868112 AUTHORIZATION : COST LIMIT : \$ 25.00					
ORDER DATE : September 14, 2023					
ORDER TIME : 1:43 PM					
ORDER NO. : 986937-035					
CUSTOMER NO: 7868112					
DOMESTIC FILINGS					
NAME: HOPE PHARMACY, LLC					
XX ARTICLES OF DISSOLUTION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Alexxis Weiland-sorenson - EXT#					

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2023 SEP 14 AM 10: 49

. Th	ne name of a limited liab	ility company is	SCP 14 AI	
Н	OPE PHARMACY, LLC		- Scure Tary or	
		12/02/2015	TALLAHASSEE. F	
Th	e Articles of Organizati	on were filed on 12/03/2015	and assigned	
do	cument number L15000	202228		
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 fater than date document is received for tiling) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
A 6	description of occurrences.0707, Florida Statutes.	ee that resulted in the limited liability company (copy 605.0707 on back cover letter).	's dissolution pursuant to section	
	Entity will be liquidat	ed and dissolved		
	there are no members, exivities and affairs:	nter the name and address of the person appoin Carrie Siu Butt	nted to wind up the company's	
		228 Park Ave South 20627		
		New York, NY 10003		
Sig ove	gnature of an authorized to wind up the compan	person or if there are no members, the signatury's activities and affairs:	re of the person appointed and listed	
	DocuSigned by:			
	Carrie Siu Butt	Carrie Siu Butt		
	Signature	Pri	nted Name	

FILING FEE: \$25.00