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NESTAN OF CORPORATIONS

SEP 2. B 70TE J. HARRIS

COVER LETTER

TO:

Registration Section
Division of Corporations

Third Coast Clinical Research, 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:

John Thompson				
(Name of Person)				
(Firm/Company)				
27251 Wesley Chapel Blvd, PMB 322				
(Address)				
Wesley Chapel, FL 33544				
(City/State and Zip Code)				

For further information concerning this matter, please call:

John Thompson	_{at} 813 849-3937
(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	ity company is				
	Third Coast Clinical Research	, LLC	,			
2.	The Articles of Organization	n were filed on and assigned				
	document number L160000	9949				
3.	Note: If the date inserted in t	te the dissolution if not effective on the date of filing: 9/26/16 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ffective date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant copy 605.0707 on back cover letter).	it to section	on		
	Company is no longer in busine					
5.	If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the co John Thompson	mpany's			
		27251 Wesley Chapel Blvd, PMB 322				
		Wesley Chapel, FL 33544	SEP 26	NAME OF STREET		
6. lis	Signature of an authorized pated above to wind up the con	person or if there are no members, the signature of the person appoint appropriate and affairs:	nted and	ORFORATIONS		
2	m Shartan	John Thompson				
		Printed Name				

FILING FEE: \$25.00