

**L1600090746**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : MOG  
 Account Number : I20150000115  
 Phone : (786)536-6496  
 Fax Number : (786)563-6497

**LLC DISSOLUTION OR WITHDRAWAL  
 PHARMADV CONSULTING GROUP, LLC**

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **PHARMADV CONSULTING GROUP, 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:

**ROBLETO, RANDY E**

(Name of Person)

(Firm/Company)

**21011 JOHNSON STREET SUITE 110**

(Address)

**PEMBROKE PINES, FL 33029**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JEREMIAS MARTORELL** at **786** **586-7927**

(Name of Person)

(Area Code & Daytime Telephone Number)

**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

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
PHARMADV CONSULTING GROUP, LLC

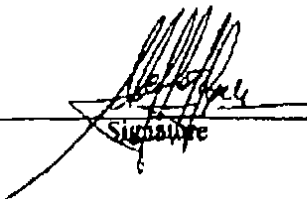
2. The Articles of Organization were filed on 05/09/2016 and assigned  
document number L16000090746

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
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.

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).  
NO LONGER IN BUSINESS.

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

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:

  
Signature

ROBLETO, RANDY E

Printed Name

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FLORIDA

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