

L17000205960

(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



200382086562

02/25/22--01022--002 **25.00

FILED

2022 FEB 25 AM 9:30

CLERK OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
MAR 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advance Therapeutic 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:

Michael Gennett, Esq.
_____ (Name of Person)

Polsinelli P.C.
_____ (Firm/Company)

315 S. Biscayne Blvd. Suite 400
_____ (Address)

Miami, FL 33131
_____ (City/State and Zip Code)

For further information concerning this matter, please call:

Michael Gennett, Esq. at (305) _____ (Area Code & Daytime Telephone Number)
_____ (Name of Person) 921-1805

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Advance Therpeutic LLC

2. The Articles of Organization were filed on 10/04/2017 and assigned
document number L17000205960

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).
Busienss decision made to dissolve the company.

Busienss decision made to dissolve the company.

Busienss decision made to dissolve the company.

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

c/o Michael Gennett, Esq.

315 S. Biscayne Blvd., Suite 400, Miami Fl 33131

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

SAMUEL PATTERSON
Printed Name

FILING FEE: \$25.00

2022 FEB 25 AM 9:30
STATE
SECRETARY

FILED