

L180000267239

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

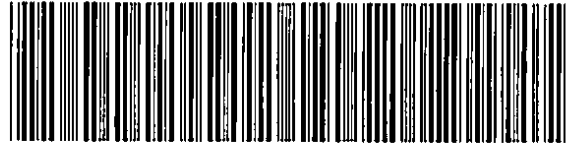
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/11/24--01026--006 **25.00

FILED

2024 JAN 11 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: READY CARE PHARMACY 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:

ALAN F. GONZALEZ, ESQ.

(Name of Person)

WALTERS LEVINE & DeGRAVE

(Firm/Company)

601 Bayshore Boulevard, Suite 720

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan F. Gonzalez, Esq.

(Name of Person)

at (813) 254-7474
(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 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

READY CARE PHARMACY LLC

2. The Articles of Organization were filed on November 15, 2018 and assigned

document number L18000267239

3. 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 later than date document is received for filing)

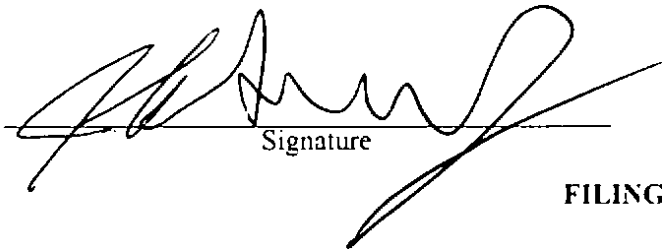
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The entity has been closed and sold.

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

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

ILLAN SUAREZ, Manager

Printed Name

FILING FEE: \$25.00

2024 JAN 11 PM 5:45
DEPARTMENT OF STATE
TALLAHASSEE FL

FILED

25th Anniversary
WALTERS LEVINE
& DeGRAVE

ATTORNEYS AT LAW
SARASOTA • TAMPA

ALAN F. GONZALEZ

agonzalez@walterslevine.com
www.walterslevine.com

601 BAYSHORE BOULEVARD
SUITE 720
TAMPA, FLORIDA 33606
(813) 254-7474
(813) 254-7341 FAX

January 8, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

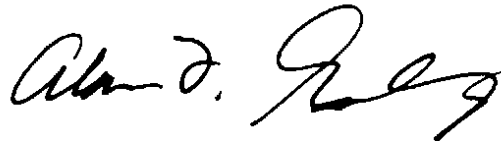
Re: Ready Care Pharmacy; File No. 0095-3

Dear Sir or Madame:

Enclosed is the cover letter and Articles of Dissolution to be filed for the above entity. Also enclosed is Check #120 representing the filing fee for the same.

Sincerely,

WALTERS LEVINE & DeGRAVE



Alan F. Gonzalez, LL.M., Esquire

AFG: cmn
Enc.