

120 000 386 897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

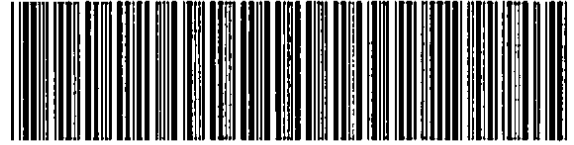
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 29 PM 2:14  
TALLAHASSEE, FLORIDA

SEP 21 2027

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLOE BIOSCIENCE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A DEFEX

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9603 Raymont Street

\_\_\_\_\_  
Address

Orlando, FL 32827

\_\_\_\_\_  
City/State and Zip Code

defexpharma@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A DEFEX

at ( 305 ) ~~32827~~ 793-3368

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

**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

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

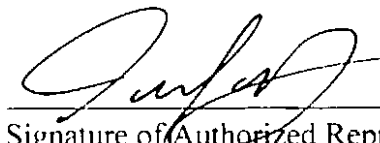
**FIRST:** The name of the limited liability company is: CLOE BIOSCIENCE LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.20000386897

**THIRD:** The date of filing of the initial articles of organization is: DECEMBER 10, 2020

**FOURTH:** The date of filing of the dissolution is: JUNE 15, 2022

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

CARLOS A DEFEX

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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