

K21 00000 18955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

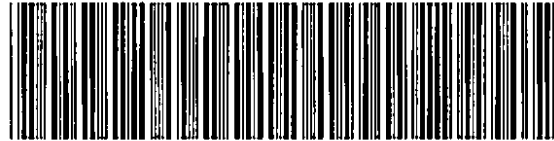
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/22--01014--005 ++25.00

FILED
2022 JUL 15 AM 10:00
FALLAHASSEE, FLORIDA

SEP 23 2022
S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarion Pharmacy Services 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:

Jeannine H Powell

(Name of Person)

(Firm/Company)

177 Fort Milton Dr

(Address)

Jacksonville, FL 32220

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeannine Powell

304

216-6772

at ()

(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 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

Clarion Pharmacy Services LLC

2. The Articles of Organization were filed on 01/06/2021 and assigned

document number L21000018955

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)

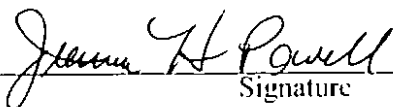
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Consulting services were never set up, and the principal has retired from pharmacy/pharmacy license is inactive

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

Jeannine H Powell
Printed Name

FILING FEE: \$25.00

FILED
2022 JUN 15 AM 10:00
TALLAHASSEE, FLORIDA
STATE

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Clarion Pharmacy Services LLC

Document number of Limited Liability Company is: L21000018955

Date of dissolution was: 03/31/2022

Description of information that must be included in a written claim:

Refer all matters to: Jeannine H Powell at address below

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

177 Fort Milton Dr, Jacksonville FL 32220

ALL INFORMATION
STATE
FLORIDA

2022 JUL 15 AM 10:00

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jeannine H Powell

Printed Name of the Person Filing

Jeannine H Powell
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00