

LA 000 276691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

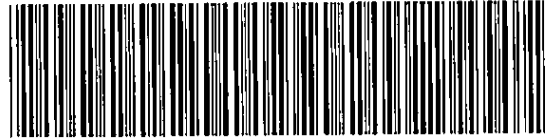
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900405621509

ALLAHASSEE, FL 32009

2023 JUN 30 PM 2:50

RECEIVED

2023 JUN 30 AM 10:40

1511 377

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/30/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1161067

ORDER ENTITY

ESPERANCA CLINICA DE PESQUISAS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ESPERANCA CLINICA DE PESQUISAS, LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2023 JUN 30 AM 10:40

1161067

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESPERANCA CLINICA DE PESQUISAS, 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:

JUDITH HERMAN

(Name of Person)

CLINICAL RESEARCH CENTER OF FLORIDA

(Firm/Company)

4550 N BAY RD

(Address)

MIAMI BEACH, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH HERMAN

(Name of Person)

at (786) 566-2400
(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

2023 JUN 30 AM 10:40

JUN 30 2023

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

2023 JUN 30 AM 10:40

1. The name of a limited liability company is
ESPERANCA CLINICA DE PESQUISAS, LLC

2. The Articles of Organization were filed on 06/14/2021 and assigned
document number L21000276691

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 consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JUDITH HERMAN, 4550 N BAY ROAD, MIAMI BEACH, FL 33140

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:

Judith Herman
Signature

Judith Herman

Printed Name

FILING FEE: \$25.00