

L2100042569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

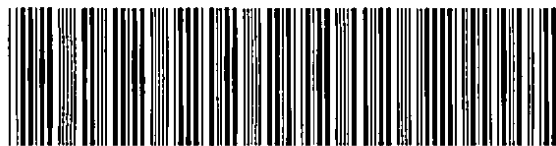
(Business Entity Name)

(Document Number)

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2021 DEC -8 PM 12:15

ALLAHASSEE, FL

CLIS
ART DISS

DEC 09 2021
ALBRITTON

2021 DEC -8 AM 9:42

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 287046 7377924

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 7, 2021

ORDER TIME : 10:03 AM

ORDER NO. : 287046-005

CUSTOMER NO: 7377924

DOMESTIC FILINGS

NAME: LFB AMERICAN PLASMA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

CU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFB AMERICAN PLASMA, 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:

Yasmin Bhumgara

(Name of Person)

LFB American Plasma, LLC

(Firm/Company)

2200 NW Corporate Blvd., Suite 210

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Yasmin Bhumgara

(Name of Person)

508

370-5102

at (_____) _____

(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

LFB AMERICAN PLASMA LLC

2. The Articles of Organization were filed on 09/28/2021 and assigned

document number L21000425696

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).

Entity was registered incorrectly.

Entity was registered incorrectly.

Entity was registered incorrectly.

2021 OCT -8 AM 9:42

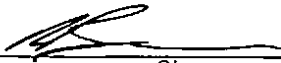
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jose A. Moreno Toscano

2200 NW Corporate Blvd., Suite 210

Boca Raton, FL 33431

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

Nathan Boulanger

Printed Name

FILING FEE: \$25.00