

# L2300018L955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

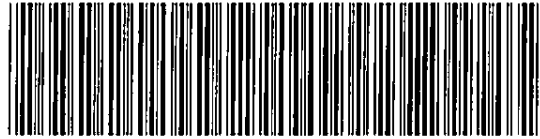
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700420789917

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2024 MAR 28 PM 12:02

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 28 PM 3:24



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 03/28/24  
Order #: 1466225-1  
Re: Captive Rx, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Captive RX, 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:

Kellianne E. Greenwood, Esq.

(Name of Person)

Stern Kilcullen & Rufolo, LLC

(Firm/Company)

325 Columbia Turnpike, Suite 110

(Address)

Florham Park, New Jersey 07932

(City/State and Zip Code)

For further information concerning this matter, please call:

Kellianne E. Greenwood, Esq.

(Name of Person)

at ( 973 ) 535-2633  
(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  
Captive RX, LLC

2. The Articles of Organization were filed on April 14, 2023 and assigned  
document number L23000186955

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).

Dissolution was unanimously approved by the members.

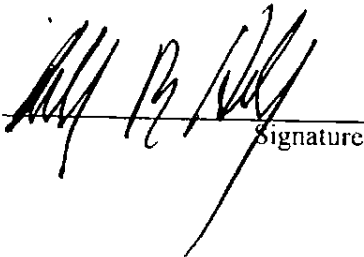
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5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Philip B. Healy, Manager

3150 Leeward Lane

Naples, Florida 34102

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

Philip B. Healy

Printed Name

**FILING FEE: \$25.00**

## 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: Captive RX, LLC

Document number of Limited Liability Company is: L23000186955

Date of dissolution was: March \_\_\_\_, 2024

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

\* A brief description of the claim;

\* the amount of the claim; and

\* the date the claim was incurred.

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TALLAHASSEE, FLORIDA

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

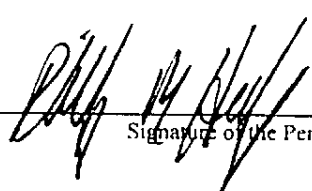
3150 Leeward Lane

Naples, Florida 34102

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.

Philip B. Healy

Printed Name of the Person Filing

  
Signature of the Person Filing

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