

PD 0000088042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

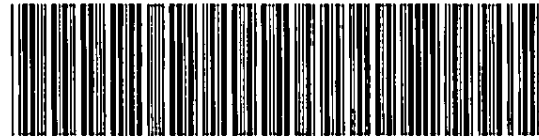
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/27/17--01022--020 **35.00

FILED
2017 AUG 14 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMT DISS
w/nctica

AUG 15 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ambi Pharmaceuticals, Inc.

DOCUMENT NUMBER: P00000088042

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darryl W. Johnston, Esq.

(Name of Contact Person)

Johnston and Sasser, P.A.

(Firm/Company)

PO Box 997

(Address)

Brooksville, FL 34605

(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl W. Johnston

_____ at (352-796-5123
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2017

DARRYL W. JOHNSON, ESQ.
JOHNSTON AND SASSER, P.A.
P.O. BOX 997
BROOKSVILLE, FL 34605

SUBJECT: AMBI PHARMACEUTICALS, INC.
Ref. Number: P00000088042

*Sue,
Fill in the date;
re submit
minutes will show.*

We have received your document for AMBI PHARMACEUTICALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00015531

RECEIVED
17 AUG 14 PM 4:09
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ambi Pharmaceuticals, Inc.

SECOND: The document number of the corporation (if known): P00000088042

THIRD: The date dissolution was authorized: JULY 17, 2017

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

David Ambrose

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILED
2017 AUG 14 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Ambi Pharmaceuticals, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, address, and contact information of creditor, date of debt, amount of debt, description of debt, copy of any purchase order or contract between Ambi Pharmaceuticals Inc. and creditor.

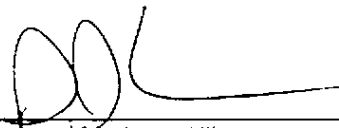
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

16255 Aviation Loop Drive, Brooksville, FL 34604

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

David Ambrose

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00