9/10/25, 3:40 PM Division of Corporations

L21000174640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

FILED
2025 SEP 10 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 SEP 10 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
FLORIDA PAIN AND AGING SOLUTIONS IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

SEP 11 2025

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Pain and Aging Solutions IV, 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:

Jacob R. Davis, Esq.
(Name of Person)

Brennan, Manna & Diamond, LLC
(Firm/Company)

75 East Market Street
(Address)

Akron, Ohio 44308
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob R. Davis, Esq. at (330) 253-3715
(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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Florida Pain and Aging Solutions IV, LLC

2. The Articles of Organization were filed on 04/22/2021 and assigned document number L21000174640

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).
An event or circumstance that the operating agreement states causes dissolution.

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:

DocuSigned by:
C83AEDE388BE4EA...

Jeremy Good, Authorized Member
Printed Name

FILING FEE: $25.00

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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: Florida Pain and Aging Solutions IV, LLC

Document number of Limited Liability Company is: L21000174640

Date of dissolution was: _____

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

a. Name, address, telephone number and email address of Claimant

b. Amount and description of claim, including date of origination

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TALLAHASSEE, FLORIDA

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

Florida Pain and Aging Solutions IV, LLC
c/o: Jeremy Good, Authorized Member
2940 Mallory Circle
Kissimmee, Florida 34747

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.

Jeremy Good Authorized Member
Printed Name of the Person Filing

DocuSigned by:
Signature: C83AE0E38BBE4EA...

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

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