

L19000250872

Florida Department of State
Division of Corporations
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Account Number : 072731001155
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Fax Number : (813)251-6711

**LLC DISSOLUTION OR WITHDRAWAL
ARKANSAS SURGICALIST, PLLC**

Certificate of Status	0
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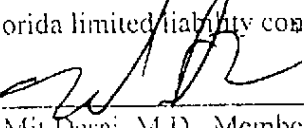
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**ARTICLES OF DISSOLUTION
FOR
ARKANSAS SURGICALIST, PLLC**

ARKANSAS SURGICALIST, PLLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

1. The name of the Company is ARKANSAS SURGICALIST, PLLC.
2. The Articles of Organization were filed on October 16, 2019 and assigned document number L19000250872.
3. The effective date of the Company's dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. The occurrence that resulted in the dissolution was the sole member of the Company consenting in writing to the dissolution of the Company pursuant to Section 605.0701 of the Act.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. All remaining property and assets have been distributed to the Company's member.
7. There are no suits pending against the Company in any Court.

ARKANSAS SURGICALIST, PLLC,
a Florida limited liability company

By: 
Mit Desai, M.D., Member/Manager

Date: January 27, 2020

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

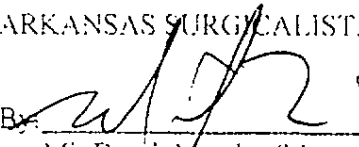
This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, F.S.

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

1. Name of Limited Liability Company: ARKANSAS SURGICALIST, PLLC.
2. Document number of Limited Liability Company is: L19000250872.
3. Date of dissolution will be the date the dissolution is filed with the Florida Department of State.
4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

ARKANSAS SURGICALIST, PLLC
Attention: Mit Desai, M.D.
4221 W. Boy Scout Blvd, Ste. 390
Tampa, Florida 33607

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.

ARKANSAS SURGICALIST, PLLC
By: 
Mit Desai, Member/Manager