

LO4 000055714

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000364679 3)))



H230003646793AB07

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : FISHER, TOUSEY, LEAS & BALL  
Account Number : I19990000021  
Phone : (904)356-2600  
Fax Number : (904)355-0233

**LLC DISSOLUTION OR WITHDRAWAL  
SAWGRASS MEDICAL DAY SPA, LLC**

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

2023 OCT 18 PM 2:38  
RECEIVED  
DIVISION OF CORPORATIONS  
SUNSHINE STATE  
TALLAHASSEE, FL

FILED

2023 OCT 18 PM 4:39

Electronic Filing Menu

Corporate Filing Menu

Help

*[Handwritten signature]*

H23000364679 3

**ARTICLES OF DISSOLUTION**  
*of*  
**SAWGRASS MEDICAL DAY SPA, LLC**

Pursuant to Section 605.0707, Florida Statutes, Sawgrass Medical Day Spa, LLC, a Florida limited liability company (the "*Company*"), submits the following Articles of Dissolution as of the 18th day of October, 2023 (the "*Effective Date*");

**ARTICLE I**

The name of the Company is Sawgrass Medical Day Spa, LLC and its document number is L04000055714.

**ARTICLE II**

The Articles of Organization of the Company were filed on July 28, 2004.

**ARTICLE III**

The voluntary dissolution of the Company was authorized by written consent executed by all of its members entitled to vote effective as of October 18, 2023.

**ARTICLE IV**

All debts, obligations, and liabilities of the Company have been paid or discharged.

**ARTICLE V**

The Manager of the Company has the authority to wind up the Company's activities and affairs. The Manager of the Company can execute instruments conveying any remaining property and assets of the Company to its Members in accordance with their respective rights and interests.

**ARTICLE VI**

There are no suits pending against the Company in any court.

**ARTICLE VII**

The effective date of the Company's voluntary dissolution with the Secretary of State of the State of Florida shall be the date these Articles of Dissolution are filed with the Secretary of State of the State of Florida.

*Remainder of Page Intentionally Blank – Signature Page Follows*

2023 OCT 18 PM 4:39

FILED

DocuSign Envelope ID: BF192D3C-D47C-492D-AFC2-747B5C6945C9

H23000364679 3

IN WITNESS WHEREOF, the Manager executed these Articles of Dissolution as of the Effective Date.

DocuSigned by:

*Daniel Calloway, M.D.*

Daniel M. Calloway, as Manager

FILED

2023 OCT 18 PM 4:39

NOTARIES PUBLIC  
FLORIDA

DocuSign Envelope ID: BF192D3C-D47C-4920-AFC2-747B5C6945C9

H23000364679 3

**NOTICE OF DISSOLUTION  
OF  
SAWGRASS MEDICAL DAY SPA, LLC**

This Notice of Dissolution is submitted by Sawgrass Medical Day Spa, LLC, a Florida limited liability company (the "*Company*"), for resolution of payment of unknown claims against the Company as provided in Section 605.0712, Florida Statutes.

**ARTICLE I**

The name of the Company is Sawgrass Medical Day Spa, LLC and was assigned document number L04000055714.

**ARTICLE II**

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Secretary of State of the State of Florida is, the date that the Articles of Dissolution are filed with the Secretary of State of the State of Florida.

**ARTICLE III**

Claims against the Company should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Company is liable therefor.
3. The harm suffered by claimant.

**ARTICLE IV**

Claims should be mailed to the Company at the following address:

Sawgrass Medical Day Spa, LLC  
6000-B Sawgrass Village Circle  
Ponte Vedra Beach, Florida 32082

**ARTICLE V**

Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

(Digitally signed by

Daniel Calloway, M.D.

Daniel M. Calloway, as Manager