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To:

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

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

**LLC DISSOLUTION OR WITHDRAWAL
C.E. BUNNELL AND ASSOCIATES, PLLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

RECEIVED
FEB 15 2018

D. SCOTT
FEB 16 2018

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**ARTICLES OF DISSOLUTION
OF
C.E. BUNNELL AND ASSOCIATES, PLLC**

ARTICLE I

The name of this limited liability company is C.E. Bunnell and Associates, PLLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on February 15, 2005, and assigned Document Number L05000015963.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on February 9, 2018, and shall be effective as of the date of filing of the Articles of Dissolution.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

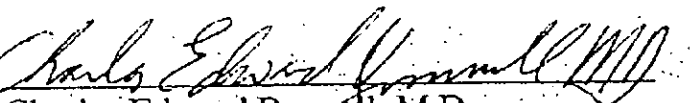
ARTICLE VI

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

Dated this 2nd day of February, 2018.

C.E. BUNNELL AND ASSOCIATES, PLLC

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By: 
Charles Edward Bunnell, M.D.
Sole Member

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: C.E. Bunnell and Associates, PLLC

Document number of Limited Liability Company is: L05000015963

Date of dissolution was: February 9, 2018

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

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim,

the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

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

Jeanne Helton

225 Water Street

Suite 1800

Jacksonville, FL 32202

2018 FEB 15 A 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Charles Edward Bunnell, M.D.

Printed Name of the Person Filing


Signature of the Person Filing