11/11/2019

L05000146892

Division of Corporations

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.

(((H19000331848 3)))

H19000331848 3ABC4

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JFK OCCUPATIONAL MEDICINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

FILED
2019 NOV 12 P 1:50

Electronic Filing Menu Corporate Filing Menu Help

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is:

JFK Occupational Medicine, LLC

SECOND:

The date of filing of the initial articles of organization is: 5/10/2005.

THIRD: The date of filing of the dissolution is:

10-18-2019.

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline

Signature of Authorized Representative

Natalie H. Cline

Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E141 (12/13)