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From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : 119990000021

Phone : (904)356-2600 Fax Number : (904)355-0233

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# LLC DISSOLUTION OR WITHDRAWAL FLEMING ISLAND MEDICAL SPECIALISTS, LLC

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Pursuant to Section 605.0707, Florida Statutes, Fleming Island Medical Specialists, LLC, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution as of the 28th day of December, 2020 (the "Effective Date"):

#### **ARTICLE I**

The name of the limited liability company is Fleming Island Medical Specialists, LLC.

#### ARTICLE II

The Articles of Organization were filed effective on May 27, 2005 and assigned document number L05000053538.

#### ARTICLE III

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

## ARTICLE IV

The voluntary dissolution of the Company was authorized by written consent of its members effective as of December 31, 2020. The Manager of the Company has the authority to wind up the Company's activities and affairs.

## ARTICLE V

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

#### ARTICLE VI

The President 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 VII

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

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

Majd Ashchinas Manager

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This Notice of Dissolution is submitted by Fleming Island Medical Specialists, LLG 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 Fleming Island Medical Specialists, LLC and was assigned document number L05000053538.

#### ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Florida Department of State 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.
- 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.
  - The harm suffered by claimant.

## ARTICLE IV

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

Fleming Island Medical Specialists, LLC P.O. Box 24508 Jacksonville, Florida 32241

## 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

Majdi A tichi as Manager

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