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STATEMENT OF TERMINATION:

Pursuant to section 605,0709(7). Florida Statu Termination:	ites, I hereby submit the following Stat	ement of	
FIRST: The name of the limited liability company is: North Florida Neurosurgery, LLC			
SECOND:			
The date of filing of the initial articles	of organization is: 06.07/2006	<u> </u>	
THIRD: The date of filing of the dissolution 10/05/2020			
FOURTH: This limited liability company has determined that it will file a statement of t	s completed winding up its activities as termination.	ad affairs and	
		PY, 2: 15	-
Matalis W. Cline	Natalie H. Cline		
Signature of Authorized Representative	Typed or printed name of signature	:	
· ·	Fee: \$25.00 by: \$30.00 (optional)		

CR2E141 (12/13)