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NAME OF THE PARTY OF THE PARTY

LLC AMND/RESTATE/CORRECT OR M/MG RESIGS KENDALL VASCULAR SURGERY, LLC

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Stat Termination:	utes. I hereby submit the fi	ollowing Statement	of	
FIRST: The name of the limited liability cor	npany is:		-	
Kendall Vascular Surgery, LLC				
SECOND:				
The date of filing of the initial article	s of organization is: Octobe	r 5. 2007		
THIRD: The date of filing of the dissolution $\frac{f(\xi + f \xi + \sqrt{2} + \xi)^2}{f(\xi + \xi)^2}$				
FOURTH: This limited liability company has determined that it will file a statement of		s activities and affa	irs and	
Natalie Cline	Natalie H. Cline		-	
Signature of Authorized Representative	thorized Representative Typed or printed name of signa			
•	g Fec: \$25.00 py: \$30.00 (optional)	2919 NOV 12 P	erry to	
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