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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

THE CONTRACT OF THE PROPERTY O

Account Number : FC4000000023 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.\*\*

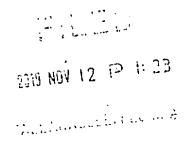
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACKSONVILLE SPECIALISTS, LLC

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## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida State Termination:	utes, I hereby submit the following Statement of	
FIRST: The name of the limited liability company is: Jacksonville Specialists, LLC		
SECOND:		
The date of filing of the initial articles	s of organization is: 07/29/2008	
THIRD: The date of filing of the dissolution $10 \cdot 18 \cdot 2019$		
FOURTH: This limited liability company ha has determined that it will file a statement of	s completed winding up its activities and affairs and termination.	
Yutalur) (Line Signature of Nuthorized Representative	Natalie H. Cline, Authorized Person  Typed or printed name of signature	

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

CR2E141 (12/13)