

L08000116752

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

LLC DISSOLUTION OR WITHDRAWAL RICHARD M. BLECHA, M.D., LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
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ARTICLES OF DISSOLUTION

FOR

RICHARD M. BLECHA, M.D., LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Richard M. Blecha, M.D., LLC (the "Company").
2. The Articles of Organization were filed on December 24, 2008 and assigned document number L08000116752.
3. Dissolution of the Company was unanimously approved as of April 21st, 2017 by the consent of the Members of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the Manager of the Company, hereby approves the above Articles of Dissolution this 28 day of April, 2017.


Richard M. Blecha, M.D., Manager

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F. S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Richard M. Blecha, M.D., LLC

Document Number of Limited Liability Company is: L08000116752

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

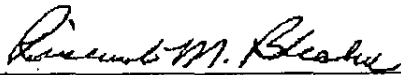
Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Richard M. Blecha, M.D.
13776 Saxon Lake Drive South
Jacksonville, Florida 32225

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.


Richard M. Blecha, M.D., Manager