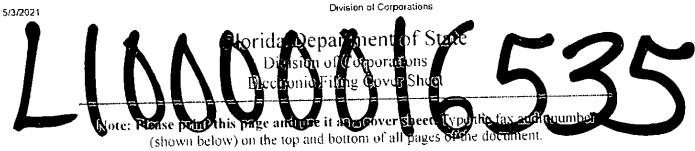
2021-05-03 06:49:11 CST

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From: Kimberly Laughrey



(((H210001769093)))



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## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Sta FIRST: The name of the limited liability co	tutes, I hereby submit the following Statement of HCA - WHS Progressive, LLC ompany is:	Termination:
SECOND: The Florida Document number	of the limited liability company is: L10000016535	
THIRD: The date of filing of the initial art	icles of organization is: 02/12/2010	
FOURTH: The date of filing of the dissolu	ntion is: 04/26/2021	<del></del> .
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affairs at	nd has determined
Signature of Alithorized Representative	Natalie H. Cline	2921 MAY -3 AM IO: 3 SECRETARY OF STATE OF AHASSEE, FLORE
Citally Wal	Typed or printed name of signature	mog ≥ [T
218ustate of Mituotized Kehtezentative	Filing Fee: \$25.00	AMID: 36

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