

3/23/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH RIVER PHYSICIAN NETWORK, LLC

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: _____

North River Physician Network, LLC

SECOND:

The date of filing of the initial articles of organization is: 01/14/2011

THIRD: The date of filing of the dissolution is:

03-23-2021

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline
Signature of Authorized Representative

Natalie H. Cline

Typed or printed name of signature

Filing Fee: \$25.00
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CR2E141 (12/13)