To: "1-850-617-6383@rcfa: Fax: (850) 617-6383 Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700

Phone : (904)359-7700 Fax Number : (904)359-7708

LLC DISSOLUTION OR WITHDRAWAL ACE DIAGNOSTICS LLC

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ARTICLES OF DISSOLUTION OF ACE DIAGNOSTICS, LLC

ARTICLE I

The name of this limited liability company is Ace Diagnostics, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on May 7, 2012, and assigned Document Number L12000061605.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by all of the members of the Company on December (2), 2016, and shall be effective as of December 31, 2016.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its members in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

		ART	ICLE VI	
There are Dated this 318	y	·•.	Company in any court.	17 FEB
			ACE DIAGNOSTICS, LLC By: Vanessa Wilczak, Member	
			By:Adam Whalen Member	

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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: Ace Diagnostics, LLC		
Document number of Limited Liability Company is: L12000061605		_
Date of dissolution was: December 31, 2016		
Description of information that must be included in a written claim:		٠, .
The identity and contact information of the person or entity asserting the claim, a description of the basis	for the claim,	_
the date the claim arose, the amount of the claim, and a description of the facts and circumstances under	ying the claim.	
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	. 197	٠.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	% 53	
7835 Chase Meadows Drive East		
Jacksonville, Florida 32256		٠
		٠.
A claim against the above named limited liability company will be barred unless a proceeding to enforcemenced within 4 years after the filing of this notice.	orce the claim	ı is
		٠.
Vanessa Wilczak, Manager / Wilczik	/	•
Printed Name of the Person Filing Manature of the Person Filing	Jg	

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Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00