## Division of Corporations

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Division of Corporations

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\*\*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 RESIGNED EAST FLORIDA CARDIOLOGY NETWORK, LLC

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STATEMENT	OF TERMINATION	
Pursuant to section 605.0709(7), Florida Statu Termination:	ites, I hereby submit the following Statement o	f
FIRST: The name of the limited liability com	pany is: East Florida Cardiology Network, LLC	
SECOND:		
The date of filing of the initial articles	of organization is: 09/28/2012	<u> </u>
THIRD: The date of filing of the dissolution 08/10/2021	s: 	
FOURTH: This limited liability company has has determined that it will file a statement of t	s completed winding up its activities and affairs ermination.	s and
Mataly Cline	Natalie H. Cline	
Signature of Adultorized Representative	Typed or printed name of signature	2821 AUG 1 2
Filing	Fee: \$25.00	OU.
	y: \$30.00 (optional)	2