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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REZLEGAL, LLC Account Number : I20140000033

Phone Fax Number (904) 567-1177 (904) 567-1066

# LLC DISSOLUTION OR WITHDRAWAL MED MATCH L.L.C.

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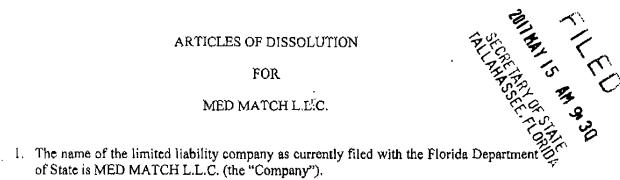
MAY 1 6 2017

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#### ARTICLES OF DISSOLUTION

#### FOR

## MED MATCH L.E.C.



- 2. The Articles of Organization were filed on February 19, 2013, amended April 29, 2015 and assigned document number L13000026003.
- 3. Dissolution of the Company was unanimously approved as of April 5, 2017 by the consent of the Managers and 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 a Manager of the Company, hereby approves the above Articles 3011 day of April, 2017. of Dissolution this

Bridget Roberts, 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; MED MATCH L.L.C.

Document Number of Limited Liability Company is: L13000026003

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)

Bridget Roberts 7855 Argyle Forest Boulevard, Suite 101 Jacksonville, Florida 32244

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.

Bridget Roberts, Manager