

L13000034073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

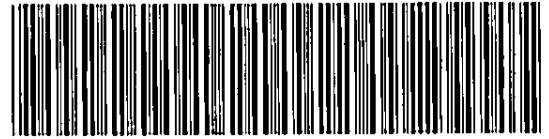
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200426069032

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 MAR 21 AM 10:24

FILED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 MAR 21 PM 2:54

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 03/21/2024

PRIORITY Routine

OUR REF # (Order ID#) Courtney

ORDER ENTITY

HCA of Naples, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

HCA of Naples, LLC

Please file the attached dissolution filing.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 MAR 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

HCA of Naples, LLC

2. The Articles of Organization were filed on 03/06/2013 and assigned

document number L13000034073

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

An event that the operating agreement states causes dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

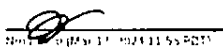
Nina Kani, General Counsel

TheKey, LLC

220 Congress Park Drive, Ste. 330

Delray Beach, Florida 33445

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Not a Public Document

Signature

Nina Kani

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: HCA of Naples, LLC

Document number of Limited Liability Company is: L13000034073

Date of dissolution was: _____

Description of information that must be included in a written claim:

Claimant name, address, phone number, email address, legal representation, date of alleged incident,

brief summary of alleged claims

2024 MAR 21 AM 10:24
STATE
TALLAHASSEE, FLORIDA

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

TheKey, LLC


220 Congress Park Drive., Ste. 330

Delray Beach, FL 33445

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.

Nina Kani

Printed Name of the Person Filing


No. _____ (Rev. 11-2024) (58-P011)

Signature of the Person Filing

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