

L13000051455

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BACHMAN LEGAL, LLC.  
Account Number : 120180000022  
Phone : (813)200-6114  
Fax Number : (813)402-0556

LLC DISSOLUTION OR WITHDRAWAL  
IMA ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
2024 NOV 20 PM 4:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2024 NOV 20 11:23:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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K. SALY  
NOV 21 2024

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: IMA ORLANDO, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Haughton

(Name of Person)

InHealth MD Alliance Acquisition, LLC

(Firm/Company)

6675 Westwood Boulevard, Suite 475

(Address)

Orlando, FL 32821

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Haughton

(Name of Person)

909

at (

260-2231

)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

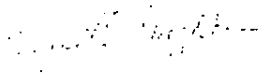
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
2024 NOV 20 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
IMA ORLANDO, LLC
2. The Articles of Organization were filed on April 8, 2013 and assigned  
document number L13000051455
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).  
The sole member consents to the dissolution of IMA Orlando, LLC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:



Signature

Elizabeth Haughton

Printed Name

**FILING FEE: \$25.00**