

L13000173618

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

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**LLC DISSOLUTION OR WITHDRAWAL
RIVERSIDE HAND CENTER, LLC**

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ARTICLES OF DISSOLUTION
FOR
RIVERSIDE HAND CENTER, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Riverside Hand Center, LLC (the "Company").
2. The Articles of Organization were filed on December 16, 2013 and effective on January 1, 2014 and assigned document number L13000173618.
3. Dissolution of the Company was unanimously approved as of July 17, 2015 by the consent of the sole Manager 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 an authorized Manager of the Company, hereby approves the above Articles of Dissolution this 27th day of July, 2015.

North Florida Surgeons, P.A.
Sole Manager

By: _____

Paul J. Chappano, M.D.

Its: President

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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: Riverside Hand Center, LLC

Document Number of Limited Liability Company is: L13000173618

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)

Riverside Hand Center, LLC
c/o North Florida Surgeons, P.A.
Attn: John Berlin
11945 San Jose Boulevard, Building 300
Jacksonville, Florida 32223

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.

North Florida Surgeons, P.A.
Sole Manager

By: 

Paul L. Chappano, M.D.

Its: Vice President

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