

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000121813

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000021487 3)))



H250000214873A0CS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (786)646-6129

**LLC DISSOLUTION OR WITHDRAWAL
EXPERT HEALTH CARE HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2025 JAN 17 PM 4:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2025 JAN 17 AM 10:29

2025 JAN 17 AM 10:29

APPROVED
AND
FILED

JAN 21 2025

K. Brumbley

DocuSign Envelope ID: 78B6763E-DDE2-49FC-B94B-C2C57919B131

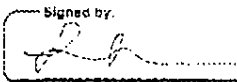
(((H25000021487 3)))

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

1. The name of a limited liability company is
Expert Health Care Holdings, LLC
2. The Articles of Organization were filed on August 4, 2014 and assigned
document number L14000121813
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 unanimous vote of the Voting Members and the unanimous vote of the Distribution and Liquidation Manager

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:

Signed by: 

Signature

Lisette Exposito

Printed Name

FILING FEE: \$25.00

(((H25000021487 3)))