

L14 000194388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
Orthopro Management, LLC
2. The Articles of Organization were filed on 12/23/2014 and assigned  
document number L14000194388
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 or circumstance that the operating agreement states causes dissolution.  
An event or circumstance that the operating agreement states causes dissolution.  
An event or circumstance 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: Daniel Murrey
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:

Daniel B Murrey, MD  
Signature

Daniel Murrey  
Printed Name

**FILING FEE: \$25.00**

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