

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L15000081049**

**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.

((H23000410012 3)))



H230004100123ABCN

**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 : REZLEGAL, LLC  
Account Number : 120140000033  
Phone : (904) 685-9321  
Fax Number : (904) 567-1066

**LLC DISSOLUTION OR WITHDRAWAL  
TRANSPARENT MEDICAL MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 04 2023  
K. Brumblay

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transparent Medical Management, 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:

Kate McGuire, Esq.

\_\_\_\_\_  
(Name of Person)

RezLegal, LLC

\_\_\_\_\_  
(Firm/Company)

816 AIA North, Suite 204

\_\_\_\_\_  
(Address)

Ponte Vedra Beach, Florida 32082

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kate McGuire, Esq.

904

580-3369

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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**

1. The name of a limited liability company is  
Transparent Medical Management, LLC
2. The Articles of Organization were filed on May 7, 2015 and assigned  
document number L15000081049
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).  
Dissolution of the Company was approved on October 3, 2023 by the consent of the sole Manager and sole  
Member of the Company. Dissolution of the Company shall be effective immediately.
5. If there are no members, enter the name and address of the person appointed to wind up the company  
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:

DocuSigned by:

Caleb R. Rivera, M.D.

638625FC37D14AB

Signature

Caleb Rivera

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: Transparent Medical Management, LLC

Document number of Limited Liability Company is: L15000081049

Date of dissolution was: \_\_\_\_\_

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

1. Date of event giving rise to the claim.

2. Nature of claim/description giving rise to the claim.

3. Amount of claim.

4. Name and contact information of claimant.

5. Copies of any written agreements or other documentation supporting claim.

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

P.O. Box 6200

Ocala, FL 34478

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.

Caleb Rivera

Printed Name of the Person Filing

DocuSigned by:

Caleb R. Rivera, M.D.

838925F037D14A8

Signature of the Person Filing

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