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To:

Division of Corporations

Fux Number

: (850)617-6383

Prom;

2016 HAR 17

Account Name : DEAM, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 (407) 841-1200 Phone Fax Number (407)423-L631

LLC DISSOLUTION OR WITHDRAWAL R AND L LEVINE, LLC

Certificate of Status	0
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FILED 2016 MAR 17 AK 8:06

ARTICLES OF DISSOLUTION

FOR

R AND L LEVINE, LLC

Pursuant to the provisions of Sections 605,0707 of the Florida Statutes, the undersigned Florida limited liability company hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF COMPANY

The name of the company is R and L Levine,, LLC (hereinafter referred to as the "Company"). The Company's Articles of Organization were filed on July 1, 2015 with the Florida Department of State, Division of Corporations, and assigned document number L15000111582.

ARTICLE II - EFFECTIVE DATE OF DISSOLUTION

The effective date of the Company's dissolution is the date of filing with the Florida Department of State, Division of Corporations.

ARTICLE III -

Pursuant to Section 605.0701 of the Florida Statutes, the dissolution was approved by written consent of all of the members of the Company.

Dated this 8 day of March, 2016.

Richard M. Levine, M.D., Manager

(((II160000682853)))

Notice of Limited Liability Company Dissolution

2016 MAR 17 AM 8: OF THE SEEF. FLORIDE

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.

larne of Limited Liability Company: R AND L LEVINE, LLC
Document number of Limited Liability Company is: L15000111582
Pate of dissolution was:
Description of information that must be included in a written claim.
Name of Claimant
Address of Claimant
Amount of Claim
Basis of Claim (attach copy of contract, agreement or other relevant
locumentation)
failing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
CLAUDIA HAINES JONES, ESQ.
DEAN MEAD
7380 MURRELL ROAD, SUITE 200
VIERA, FL 32940

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 filling of this notice.

CLAUDIA HAINES JONES, ESQ.

Printed Name of the Person Filing

Signature of the Person Filling James

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