

05/11/2018 08:16 AM PDT  
May 11, 2018  
Division of Corporations

TO:18506176383 FROM:9045126629

Page: 2  
Page 1 of 1

**L15000139060**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : REZLEGAL, LLC  
Account Number : I20140000033  
Phone : (904) 567-1177  
Fax Number : (904) 567-1066

**LLC DISSOLUTION OR WITHDRAWAL  
CVI SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

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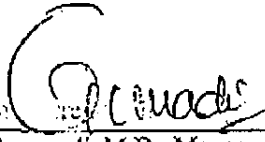
## ARTICLES OF DISSOLUTION

FOR

CVI SOLUTIONS, LLC

1. The name of the limited liability company, as currently filed with the Florida Department of State is CVI Solutions, LLC (the "Company").
2. The Articles of Organization were filed on August 18, 2015 and assigned document number L15000139060.
3. Dissolution of the Company was unanimously approved as of April 25, 2018 by the consent of the Managers 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 a Manager of the Company, hereby approves the above Articles of Dissolution this 25th day of April, 2018.

  
Siva Gummadi, M.D., Manager

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H18000147803 3

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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: CVI Solutions, LLC

Document Number of Limited Liability Company is: L15000139060

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)

Randy Wardlow  
2105 SW 20<sup>th</sup> Place  
Ocala, Florida 34471

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.

  
Siva Gummadi, M.D., Manager

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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