

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L15000139299**

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To:

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

From:

Account Name : SHUTTS & BONEN LLP  
Account Number : I20060000106  
Phone : (813)229-8900  
Fax Number : (813)229-8901

**LLC DISSOLUTION OR WITHDRAWAL  
COMPLETE CRITICAL CARE, P.L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

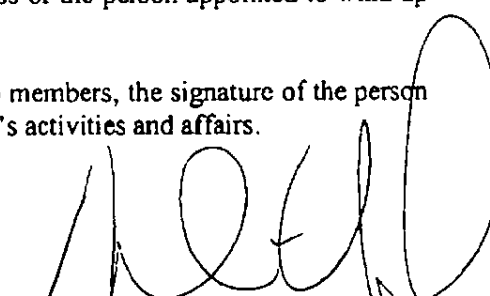
DEC 08 2023  
K. Brumley

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ARTICLES OF DISSOLUTION  
OF  
COMPLETE CRITICAL CARE, P.L.L.C.

1. The name of the limited liability company is COMPLETE CRITICAL CARE, P.L.L.C.
2. The Articles of Organization were filed on August 18, 2015 and assigned document number L15000139299.
3. The effective date of the dissolution is the date of filing.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes: Consent by the sole member in accordance with the Operating Agreement.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A
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.

Dated this 7<sup>th</sup> day of December, 2023

  
Michael E. Siegel, Authorized Person

2023 DEC -7 AM 11:39

APPROVED  
AND  
FILED

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## 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: COMPLETE CRITICAL CARE, P.L.L.C.

Document number of Limited Liability Company is: L15000139299

Date of dissolution is: date of filing of the Articles of Dissolution

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

Documentary and factual basis for claim; legal name and address of claimant entity or person; date upon which and reason why claim arose; asserted damages by both, amount and type; whether a claim for attorney's fees or costs is involved; and claimants knowledge of any third party or indemnifying party with an interest in the alleged claim.

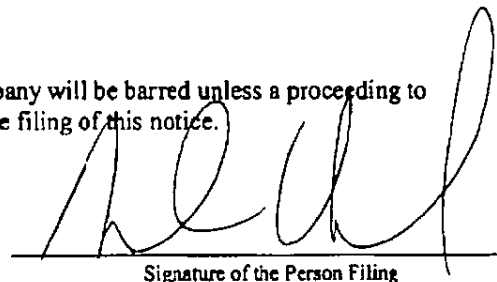
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Michael E. Siegel, Esq.  
Shutts & Bowen LLP  
1858 Ringling Boulevard, Suite 300  
Sarasota, FL 34236

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.

Michael E. Siegel

Printed Name of the Person Filing



Signature of the Person Filing

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