Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000023610 3)))



H170000238103ABCL

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

1 (407) 423-1831

LLC DISSOLUTION OR WITHDRAWAL

EMERGENCY DEPARTMENT PROCESS SPECIALISTS, LLC

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

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Electronic Filing Menu

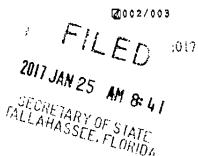
Corporate Filing Menu

Help

K. SALY

JAN 26 2017

(((H17000023610 3))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



The name of a limited liai	hility company is	l A Tran
Emergency Department Pro	- 11 m	RIDA
The Articles of Organizat	tion were filed on April 7, 2016 and assigned	
document number L16000	0068545	
effecti Note: If the date inserted i	e the dissolution if not effective on the date of filing: ive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records,	:
A description of occurren 605.0707, Florida Statutes	ice that resulted in the limited liability company's dissolution pursuant to section s, (copy 605.0707 on back cover letter).	
Consent of Member		
If there are no members, o	enter the name and address of the person appointed to wind up the company's	
activities and affairs:	David A. Goldman	
	428 Raccoon Street	
	Lake Mary, FL 32746	
Signature of an authorized ted above to wind up the c	d person or if there are no members, the signature of the person appointed and ompany's activities and affairs:	
0/9/11		
Lund A Holan	David A. Goldman, Member	
Signature	Printed Name	

FILING FEE: \$25.00

(((H170000236103)))

Notice of Limited Liability Company Dissolution ALLAHASSEE, FLORIDA

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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 a. 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: Bmergency Department Porcess Specialists, LLC
Document number of Limited Liability Company is: L16000068545
Date of dissolution was: upon filing
Description of information that must be included in a written claim:
Notice of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attach separate sheet if necessary):
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Matthew J. Ahearn, Esquire
Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
P.O. Box 2346
Orlando, FL, 32802-2346
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.
David A. Goldman, Member 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 (((H17000023610 3)))