

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

LLC DISSOLUTION OR WITHDRAWAL
PARTNERS FOR EXCELLENCE IN EYE CARE, LLC

Certificate of Status	0
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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AUG 18 2022

K. Brumley

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**ARTICLES OF DISSOLUTION
FOR
PARTNERS FOR EXCELLENCE IN EYE CARE, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

PARTNERS FOR EXCELLENCE IN EYE CARE, LLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

1. The name of the Company is PARTNERS FOR EXCELLENCE IN EYE CARE, LLC.
2. The Articles of Organization were filed on February 23, 2017, and assigned document number L17000041674.
3. The effective date of the Company's dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. The occurrence that resulted in the dissolution was an event or circumstance that the operating agreement states causes dissolution pursuant to Section 605.0701 of the Act.

Date: August 11, 2022.


Mark H. Lindberg, Authorized Person

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

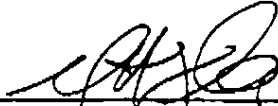
This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: PARTNERS FOR EXCELLENCE IN EYE CARE, LLC.
2. Document number of Limited Liability Company is: L17000041674.
3. Date of dissolution will be the date the dissolution is filed with the Florida Department of State.
4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

PARTNERS FOR EXCELLENCE IN EYE CARE, LLC
Attention: Mark H. Lindberg
43309 US Highway 19 North
Tarpon Springs, FL 34689

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.



Mark H. Lindberg, Authorized Person

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