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LAZARUS CORPORATE

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Florida Department of State
Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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**DISSOLUTION OR WITHDRAWAL
MAGNOLIA SLEEP CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is MAGNOLIA SLEEP CENTER, LLC
2. The Articles of Organization were filed on 08/01/2018 and assigned document number L18000184589
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO LONGER IN BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

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:


Signature

DANIA A. OTI
Printed Name