

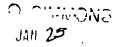
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01/22/19--01005--028 **25.00





COVER LETTER

TO: Registration Section
Division of Corporations

Dissolution of The Hospital Injury Law Firm, PLLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Moore Marcario (Name of Person) Thrive Law, P.A. (Firm/Company) 2260 5th Avenue South, Suite 1 (Address) St. Petersburg, Florida 33712

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Moore Marcario at (727) 300-1990 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is THE HOSPITAL INJURY LAW FIRM, PLLC 	; <u> </u>
2. The Articles of Organization were filed on	November 19, 2018 and assigned
document number L18000268783	
3. The delayed effective date the dissolution is (effective date cannot be price). If the date inserted in this block does not listed as the document's effective date on the E	or to or more than 90 days later than date docoment is received for filing) of meet the applicable statutory filing requirements, this date will not l
4. A description of occurrence that resulted in 605.0707. Florida Statutes, (copy 605.0707	the limited liability company's dissolution pursuant to section on back cover letter).
The consent of all the members §605.0701(2) Fl	la. Stat.
	=v. t
	AHA A
	E D
5. If there are no members, enter the name and	d address of the person appointed to wind up the ompaliy's
activities and affairs:	7 2
6. Signature of an authorized person or if ther listed above to wind up the company's activiti	e are no members, the signature of the person appointed and es and affairs:
· (A.	
MILLIO MANGARILLI	Jamie Moore Marcario
Signature	Printed Name
U -	II INC FFF- \$25.00

FILING FEE: \$25.00