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Account Name

: SMITH HULSEY & BUSEY

Account Number : 075030000653

: (904)359-7700

Phone Fax Number

: (904)359-7708

LLC DISSOLUTION OR WITHDRAWALL YVONNE TYSON, ARNP, FNP-BC LLE

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	225 Water Street - ste 1800
	Smith Hulsey & Busey
8506176383@rcfax.com	Fax Admin
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Articles of Dissolution

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ARTICLES OF DISSOLUTION FILED OF YVONNE TYSON, ARNP, FNP-BOMP 69 A 11: 59

ARTICLE 1 TALLAHALSEE FLORIBA

The name of this limited liability company is Yvonne Tyson, ARNP, FNP-BC, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on April 18, 2019 and assigned Document Number L1900009980.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on October 31, 2019.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to the sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated this 31st day of October, 2019.

By: ____Y vonne Tyson, ARNP

Name: Yvonne Tyson

Title: Manager

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Fax:

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: YVONNE	TYSON, ARNP, FNP-BC, LLC
Document number of Limited Liability Company is:	L19000099980
Date of dissolution was: November 5, 2019	
Description of information that must be included in a v	written claim:
The identity and contact information of the person or entity a	sserting the claim, a description of the basis for the claim,
the date the claim arcse, the amount of the claim, and a desc	ription of the facts and circumstances underlying the claim.
Mailing address where claims can be sent: (Claims can	nnot be sent to the Division of Corporations)
CARE OF: SMITH HULSEY & BUSEY, PI	ROFESSIONAL ASSOCIATION
1 INDEPENDENT DRIVE, SUITE 3300	
JACKSONVILLE, FLORIDA 32202	
A claim against the above named limited liability com- claim is commenced within 4 years after the filing of t	
YVONNE TYSON, MANAGER	Y vonne Tyson, ARNP
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