

L1900204176

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SHUTTS & BOWEN LLP
Account Number : I20060000186
Phone : (813)229-8900
Fax Number : (813)229-8901

**LLC DISSOLUTION OR WITHDRAWAL
GOLD COAST ORTHOPEDICS, LLC**

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

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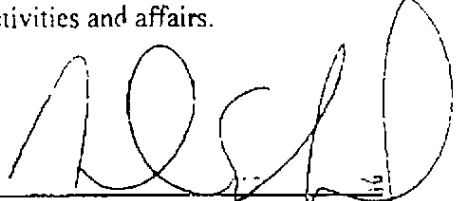
SEP 08 2023

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ARTICLES OF DISSOLUTION
OF
GOLD COAST ORTHOPEDICS, LLC

1. The name of the limited liability company is GOLD COAST ORTHOPEDICS, LLC
2. The Articles of Organization were filed on August 15, 2019 and assigned document number L19000204176.
3. The effective date of the dissolution is the date of filing.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes: Consent by the sole member in accordance with the Operating Agreement.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A
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.

Dated this 6th day of September, 2023


Michael E. Siegel, Authorized Person

9/6/2023
5:42 PM

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Notice of Limited Liability Company Dissolution

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 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: GOLD COAST ORTHOPEDICS, LLC

Document number of Limited Liability Company is: L19000204176

Date of dissolution is: date of filing of the Articles of Dissolution

Description of information that must be included in a written claim:

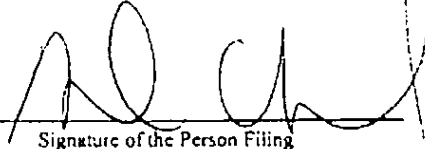
Documentary and factual basis for claim; legal name and address of claimant entity or person; date upon which and reason why claim arose; asserted damages by both, amount and type; whether a claim for attorney's fees or costs is involved; and claimants knowledge of any third party or indemnifying party with an interest in the alleged claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Michael E. Siegel, Esq.
Shutts & Bowen LLP
1858 Ringling Boulevard, Suite 300
Sarasota, FL 34236

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.

Michael E. Siegel
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

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