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Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 : (904)359-7700 Phone Fax Number : (904)359-7708

#### LLC DISSOLUTION OR WITHDRAWAL ROBERT RASPA, MD, LLC

Certificate of Status	0
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> K. SALY JAN 29 2025

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Fax: Anonymous

# UNANIMOUS WRITTEN CONSENT TO RESOLUTIONS IN LIEU OF A SPECIAL MEETING OF

## ROBERT RASPA, MD, LLC

#### January 28, 2025

The undersigned, which is the sole member (the "Member") of Robert Raspa, MD, LLC (the "Company"), hereby consents to the adoption of the following resolutions:

> WHEREAS, the Member believes it is in the best interests of the Company to voluntarily dissolve the Company and to distribute its assets in accordance with applicable law;

> NOW, THEREFORE, BE IT RESOLVED, that the Company be dissolved upon the filing of the Articles of Dissolution of the Company with the Secretary of State of the State of Florida;

> FURTHER RESOLVED, that the Articles of Dissolution prepared to effect such liquidation and dissolution, substantially in the form attached hereto as Exhibit A, be and hereby are authorized and approved;

> FURTHER RESOLVED, that Robert Raspa is hereby authorized to take any actions he deems necessary or advisable to effect the liquidation of the Company's assets, if any; and

> FURTHER RESOLVED, that Robert Raspa, acting for and on behalf of the Company, be and hereby is authorized to execute and deliver on behalf of the Company any documents, instruments and agreements that he, in his sole discretion, deems necessary, proper or advisable in order to carry out the intent and accomplish the purposes of these resolutions.

IN WITNESS WHEREOF, this Written Consent has been executed by the undersigned as of the date first above written.

#### MEMBER:

Robert Raspa

Robert Raspa, M.D.

From: Fax Admin Fax. Anonymous To: 8506176383@retax.com Fax: +18506176383 Page: 4 of 7 01/29/2025 12:42 PM

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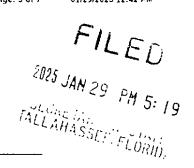
#### Exhibit A

#### Form of Articles of Dissolution

See attached.

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### ARTICLES OF DISSOLUTION OF ROBERT RASPA, MD, LLC



#### **ARTICLE I**

The name of this limited liability company is Robert Raspa, MD, LLC (the "Company").

#### **ARTICLE II**

The Articles of Organization of the Company were filed on January 27, 2020 and assigned Document Number L20000022166.

#### **ARTICLE III**

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on January 28, 2025, and shall be effective as of the date of filing of these Articles of Dissolution.

#### **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 its 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.

[Continued on next page.]

From: Fax Admin Fax: Anonymous To: 8506176383@rctax.com Fax: +18506176383 Page: 6 of 7 01/29/2025 12:42 PM

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Dated this 28th day of January, 2025.

ROBERT RASPA, MD, LLC

By: Kobert Raspa

Name: Robert Raspa, M.D.

Title: Manager

4916-3881-5763

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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 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 Limite	d Liability Company: Robert Raspa, MD, LI	.C	
Document numb	per of Limited Liability Company is: L20000	0022166	
	Date of filing		
	nformation that must be included in a writte	en elaim:	
The identity and	contact information for the person or entity asse	rting the claim, a description of the bas	sis for the claim, the
date the claim are	ose, the amount of the claim, and a description o	of the facts and circumstances underlying	ng the claim.
			202
			S JAN 29
Mailing address	where claims can be sent: (Claims cannot b	pe sent to the Division of Corporation	29 PH 5: 19
	Robert Raspa, MD, LLC		25: -1 25: -1
	2233 Salt Myrtle Lane		— <u>ā</u> . s
	Fleming Island, FL 32003		<del></del>
			_
	the above named limited liability company hin 4 years after the filing of this notice.	will be barred unless a proceeding	to enforce the claim is
Robert Raspa, M	.D.	Robert Raspa	
	Printed Name of the Person Filing	Signature of the Person	on Filing