

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : REZLEGAL, LLC  
Account Number : 120140000033  
Phone : (904) 685-9321  
Fax Number : (904) 567-1066

LLC DISSOLUTION OR WITHDRAWAL  
HOPCO EQUITY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2024 DEC 12 PM 9:38

FILED

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2024 DEC 12 PM 4:33

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOPCo Equity Holdings, LLC

(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:

Elizabeth D. Shaw, Esq.

(Name of Person)

RezLegal, LLC

(Firm/Company)

816 A1A North, Suite 204

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth D. Shaw, Esq.

(Name of Person)

904

638-1085

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

- The name of a limited liability company is  
HOPCo Equity Holdings, LLC
- The Articles of Organization were filed on January 31, 2020 and assigned  
document number L20000030668
- 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 requirements, this date will not be listed as the document's effective date on the Department of State's records.
- 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).  
Dissolution of the limited liability company was approved on December 2, 2024 by the consent of the sole  
member of the limited liability company. Dissolution of the limited liability company shall be effective  
immediately.
- If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs:
- 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:

Signed by  
Signature

Gavan P. Duffy, M.D.

Printed Name

FILING FEE: \$25.00

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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: HOPCo Equity Holdings, LLC

Document number of Limited Liability Company is: 1.20000030668

Date of dissolution was: \_\_\_\_\_

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

1. Date of event giving rise to the claim. \_\_\_\_\_
2. Nature of claim/description giving rise to the claim. \_\_\_\_\_
3. Amount of claim. \_\_\_\_\_
4. Name and contact information of claimant. \_\_\_\_\_
5. Copies of any written agreements or other documentation supporting claim. \_\_\_\_\_

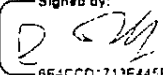
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attn: Donnie Romine  
\_\_\_\_\_  
6800 Southpoint Pkwy.  
\_\_\_\_\_  
Suite 300  
\_\_\_\_\_  
Jacksonville, FL32216  
\_\_\_\_\_

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.

Gavan P. Duffy, M.D.

Printed Name of the Person Filing

Signed by:   
6E4CCD:713E445E

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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