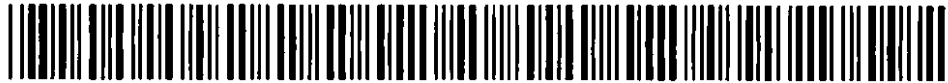


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000433464 3)))



H220004334643ABC

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To:

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

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
CONCIERGE MOBILE THERAPY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 Dec 27 PM 12:03

2022 DEC 27 PM 1:38

LLC

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**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY

CONCIERGE MOBILE THERAPY, LLC**

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is Concierge Mobile Therapy, LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on August 24, 2020, and assigned Document Number L20000250221.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by the written consent of the sole Member of the Company (the "Member").
4. The dissolution of the Company shall be effective as of January 1, 2023 at 12:01 a.m.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the Member.
6. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution the 22 day of December, 2022.

MEMBER:

**CONCIERGE MOBILE THERAPY
HOLDINGS, LLC**, a Delaware limited liability
company

By: 

Robert Greg Young, Secretary

2022 DEC 27 PM 1:38
LLC

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: Concierge Mobile Therapy, LLC

Document Number of Limited Liability Company: L20000250221.

Date of Dissolution: The dissolution of the Company shall be effective as of January 1, 2023 at 12:01 a.m.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

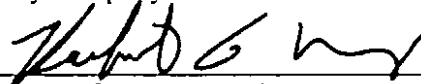
- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Concierge Mobile Therapy, LLC, 4655 Salisbury Road, Suite 110, Jacksonville, Florida 32256.

A claim against Concierge Mobile Therapy, LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MEMBER:

**CONCIERGE MOBILE THERAPY
HOLDINGS, LLC**, a Delaware limited
liability company

By: 
Robert Greg Young, Secretary