

L21 000 120 350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

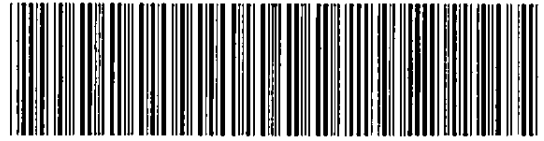
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

AP

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

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**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/22/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1241138

**ORDER ENTITY**  
SIYAM HEALTHCARE, PLLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
SIYAM HEALTHCARE, PLLC (FL)

File the attached document

**NOTES:**  
\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Siyam Healthcare, PLLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Danks

Name of Person

Dinsmore & Shohl LLP

Firm/Company

Six PPG Place, Suite 1300

Address

Pittsburgh, Pennsylvania 15222

City/State and Zip Code

jason.danks@dinsmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Danks

at ( 412 ) 230-8994

Name of Person

Area Code Daytime Telephone Number

**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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

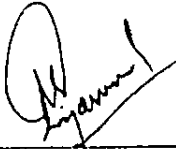
FIRST: The name of the limited liability company is: Siyam Healthcare, PLLC

SECOND: The Florida Document number of the limited liability company is: L21000120350

THIRD: The date of filing of the initial articles of organization is: March 15, 2021

FOURTH: The date of filing of the dissolution is: 02/09/2024

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



\_\_\_\_\_  
Signature of Authorized Representative

Munaf Siyamwala  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2024 FEB 22 11 7:49  
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