

L21 000120350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

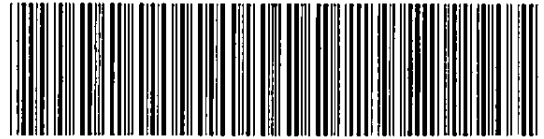
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800424650078

2024 MAR 22 01:48

RECEIVED

2024 MAR 22 PM 2:48
RECEIVED
SECRETARY OF STATE
HALL OF RECORDS

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



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,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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)

CR2E141 (2/14)

2024 MAR 22 11:17:49

544,649