

L21000320416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

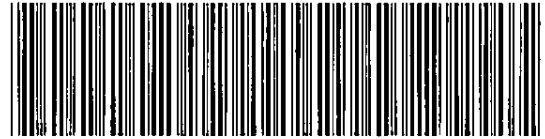
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL - 9 2024

Office Use Only



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07/08/24--01002--027 **75.00

RECEIVED

2024 JUL - 8 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL - 8 PM 5:20

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/8

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

DISSOLUTION

1. FORT WALTON ANESTHESIA ASSOCIATES LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2024 JUL -3 AM 9:24

1. The name of a limited liability company is
Fort Walton Anesthesia Associates, LLC
2. The Articles of Organization were filed on July 13, 2021 and assigned
document number L21000320416
3. The delayed effective date the dissolution if not effective on the date of filing: July 1, 2024
(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.
4. 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).
All members have authorized the dissolution.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
6. 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:

DocuSigned by
Jay Kreger
5887A05E1F90438

Signature

Jay Kreger

Printed Name

FILING FEE: \$25.00

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: Fort Walton Anesthesia Associates, LLC

Document number of Limited Liability Company is: L21000320416

Date of dissolution was: July 1, 2024

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

Name, basis for claim, amount of claim, dates for claim, and supporting documents.

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

Jay Kreger

3414 Peachtree Road NE, Suite 340

Atlanta, GA 30326

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.

Jay Kreger

Printed Name of the Person Filing

DocuSigned by
Jay Kreger
3842AD65179D41B

Signature of the Person Filing

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