

To:

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2023-03-29 16:21:57 EDT

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Division of Corporations

**L2200009847**  
Florida Department of State  
Division of Corporations  
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Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC  
Account Number : 072720000266  
Phone : (941)366-4800  
Fax Number : (941)552-7141

### LLC DISSOLUTION OR WITHDRAWAL

AUSTIN ELLIS, M.D., PLLC

Certificate of Status	0
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MAR 30 2023  
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ARTICLES OF DISSOLUTION  
OF  
AUSTIN ELLIS, M.D., PLLC

Austin Ellis, M.D., PLLC, a professional limited liability company organized under the laws of the State of Florida effective January 7, 2022 (the "Company"), and assigned document number L22000009847, having taken action to dissolve under the provisions of Sections 605.0701 and 605.0707, Florida Statutes, hereby submits these Articles of Dissolution for filing with the Florida Department of State.

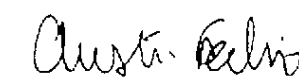
1. The name of the Company is:

Austin Ellis, M.D., PLLC

2. The effective date of the Company's dissolution is the date these articles are filed with the Florida Department of State.

3. The Company is dissolved as set forth in its Operating Agreement by written consent of its sole Member and Manager.

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Articles of Dissolution on the 29<sup>th</sup> day of March 2023.



Austin Ellis, M.D.  
As its Manager

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AND  
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**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**

This notice is being submitted by Austin Ellis, M.D., PLLC, a Florida professional limited liability company (the "Company"), for resolution of payment of unknown claims against the Company as provided in Section 605.0712, Florida Statutes.

1. The name of the Company is Austin Ellis, M.D., PLLC.
2. The effective date of the dissolution of the Company is the date the dissolution is filed with the Florida Department of State.
3. The description of the information that must be included in a claim against the Company is: (i) name and address of claimant; (ii) detailed description of the nature of the claim; and (iii) the alleged facts giving rise to the claim. The claim must be in writing.
4. The mailing address where claims can be sent is 6605 South West Shore Boulevard, Apt 1320, Tampa, Florida 33616.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Dated this 21<sup>st</sup> day of March, 2023.

Austin Ellis, M.D., PLLC,  
a Florida professional limited liability  
company

By: Austin Ellis  
Austin Ellis, M.D.  
As its Manager