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Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

LLC DISSOLUTION OR WITHDRAWAL
SAMANTHA BAXLEY, MD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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JAN 24 2025

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**ARTICLES OF DISSOLUTION
OF
SAMANTHA BAXLEY, MD, LLC**

ARTICLE I

The name of this limited liability company is Samantha Baxley, MD, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on May 15, 2023 and assigned Document Number L23000238359.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the members of the Company on 1/20/2025, and shall be effective as of the date of filing of the Articles of Dissolution.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its members in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated 1/20/2025

Samantha Baxley, MD, LLC



Name: **Samantha Baxley**
Title: **Manager**

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Notice of Limited Liability Company Dissolution

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: Samantha Baxley, MD, LLC

Document number of Limited Liability Company is: L23000238359

Date of dissolution was: _____

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

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

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

Samantha Baxley

2101 E. Cromwell Avenue

Fresno, CA 93720

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.

Samantha Baxley

Printed Name of the Person Filing


Signature of the Person Filing

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