ease print the page and use it as a cover sheet. Type the fax fudification below) on the top and bottom of all pages of the document.

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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

NAYADE SIZEMORE, APRN, LLC

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

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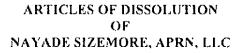
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Help

Fax:

From: Fax Admin

(((H24000108190 3)))



ARTICLE I

The name of this limited liability company is Nayade Sizemore, APRN, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on May 19, 2023, and assigned Document Number L23000248910.

ARTICLE HI

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on December 31, 2023 and shall be effective as of the date of filing of the Articles of Dissolution.

Dated March 6, 2024

By: ______ Name: Nayade Sizemore

Title: Manager

i.

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Fax."

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 Comp	Nayade Sizemore, APRI any:	N, LLC	
Document number of Limited Li.	ability Company is: L23000	248910	
Date of dissolution was:	er 31, 2023		
Description of information that n	nust be included in a writte	n claim:	
The identify and contact information	for the person or entity asser	ting the claim, a description of the basis for the	claim,
the date the claim arose, the amount	of the claim, and a descriptio	n of the facts and circumstances underlying the	claim.
	<u>.</u>		
	#W		
Mailing address where claims car	n be sent: (Claims cannot b	be sent to the Division of Corporations)	
Nayade Sizemore			
392 Rivercliff Tra	il	,	
St. Augustine, FL	32092		
A claim against the above named commenced within 4 years after		will be barred unless a proceeding to enfor	ce the claim is
		(Nort)	
Nayade Sizemore		W.	
Printed Name of t	he Person Filing	Signature of the Person Filing	