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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

24 Juni – S. Titl. 15 S. SEIG. STROMATIONS ALLA TARES FLORIDA

LLC DISSOLUTION OR WITHDRAWAL BOYNTON BEACH BREATHE FREE MSO, LLC

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Certified Copy	1
Page Count	02
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H24000197847 3

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	lity company is			
	Boynton Beach Breathe Free	MSO, LLC		.•	
2.	The Articles of Organization	on were filed on 05/31/	2023 and assigned		
	document number L230002	62008			
3.	(effective	e date cannot be prior to or this block does not meet	ffective on the date of filing: more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will a ment of State's records.		
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the lin (copy 605.0707 on bac	mited liability company's dissolution pursuant to section cover letter).		
	•	· ••	d liability company was the authorization and direction	70 m	
	given to the Manager of the Co	ompany to execute and f	ile Articles of Dissolution on behalf of the Company		
				2: [-]	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:	National Breathe Fro	c Sinus and Allergy Centers c/oLisa Anderson	-	
		c/o Lisa Anderson		•	
		2021 K Street, NW #	600	<u>-</u>	
		Washington, DC 200	006	-	
	Signature of an authorized pove to wind up the company		no members, the signature of the person appointed and s:	listed	
79 	Signature		Nabiel Matthew Ghanern, Manager of National Breathe Free Sinus and Allergy Centers Printed Name	.	
			- · · · - · · - · · · - · · ·		

FILING FEE: \$25.00