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(Requestor's Name)		
(Address)		
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(8)	101 - 171 - 171	10
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
•	•	•
(Document Number)		
(00	cument ivumber)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	J. HORN	VE
APR 1 5 2024		
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COVER LETTER

Division of Corporations			
SUBJECT: Jonesville Foot and Ankle			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jessim Scott			
(Name of Person)			
(Firm/Company)			
17718 SW 30-rn Avenue			
(Address)			
Newperry, FL 32669			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
chadin Just			
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution	\$55,00 Filing Fee, Certificate of Dissolution &		
	Certified Copy (additional copy is enclosed)		
	Street Address:		
5	Registration Section Division of Corporations		
	The Centre of Tallahassee		
	2415 N. Monroe Street, Suite 810		
•	Fallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is and assigned 2. The Articles of Organization were filed on document number 3. The delayed effective date the dissolution if not effective on the date of filing: Hold to filing: Hold to filing: Hold to filing: Hold to filing (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). 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: catt Signature

FILING FEE: \$25.00