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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FORSTERBOUGHMAN

Account Number : I20140000076 Phone : (407)255-2055

Fax Number : (407)

: (407)264-8295

# LLC DISSOLUTION OR WITHDRAWAL PRECISION PAIN OF SARASOTA, LLC

| Certificate of Status | 0       |
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### **COVER LETTER**

| TO:     |                        | tration Section<br>ion of Corporations                                       |  |
|---------|------------------------|--|--|
| SUBJE   |                        | recision Pain of Sarasota, LLC   |  |
| ()()Dat | .c.r                   | (Name of Limit   | ed Liability Company)  |
| The en  | closed /               | Articles of Dissolution and fee(s) are submit                                | ted for filing.  |
| Pleasc  | rcturn a               | ll correspondence concerning this matter to                                  | the following:   |
|         |                        | Gary Forster   |  |
|         |                        | (Na <sub>1</sub>   | ne of Person)  |
|         |                        | ForsterBoughman  |  |
|         |                        | (Fin   | n/Company)   |
|         |                        | 2200 Lucien Way, Suite 405   |  |
|         |                        |  | Address)   |
|         |                        | Maitland, FL 32741-7048  | to and Zin Code)   |
|         |                        | (Cityota   | te and Zip Code)   |
| For fur | ther info              | ormation concerning this matter, please call                                 |  |
|         | Gary                   | Forster  | 407 255-2055   |
|         | <del></del>            | (Name of Person)   | at ()(Area Code & Daytime Telephone Number)  |
| Enclose | d is a ch              | eck for the following amount:  |  |
| 5       | \$25.00                | Filing Fee and Certificate of Dissolution                                    | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  |
|         | Regis<br>Divis<br>P.O. | ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |



## ARTICLES OF DISSOLUTION PRECISION PAIN OF SARASOTA, LLC

(Document No. L23000395801)

Pursuant to the provisions of Sections 605.0707 of the Florida Statutes, the undersigned Florida limited liability company hereby adopts the following Articles of Dissolution:

#### ARTICLE I NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company is Precision Pain of Sarasota, LLC (hereinafter referred to as the "LLC"). The filing date of the Articles of Organization was August 23, 2023.

#### ARTICLE II DATE DISSOLUTION AUTHORIZED

The dissolution of the LLC was authorized on December 17, 2024, by the Managers of the LLC and all Members of the LLC. The LLC has ceased to conduct business.

#### ARTICLE III APPROVAL OF DISSOLUTION

The dissolution was approved by all Managers and Members. The number of votes east for dissolution was sufficient for approval.

#### ARTICLE IV DEBT OUTSTANDING

No debt of the LLC remains unpaid.

Page: 4 of 4

#### ARTICLE V EFFECTIVE DATE OF DISSOLUTION

The effective date of the LLC's dissolution is the date of the filing of these Articles of Dissolution with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned Manager of the LLC affirms that, under penalties of perjury, the facts stated herein are true, and the undersigned has executed these Articles of Dissolution this 31st day of December, 2024.

| RejuvenX Holdings, LLC, Manager and Sole Member |
|---|
| Ву:   |
| Timothy DeCanio, Manager                        |
| Ву:   |
| Jeremial Joseph, Manager                        |