FILED
Aug 24, 2024
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ROBERT ANTOINE MD PA

SECOND: The document number of the corporation: P11000007358

THIRD: The file date of the articles of incorporation: January 21, 2011

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROBERT ANTOINE PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

ROBERT ANTOINE MD PA

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE ABOVE-NAMED LIMITED LIABILITY COMPANY IS DISSOLVED. THE COMPANY SHALL DISCHARGE THE COMPANYâ€™S DEBTS, OBLIGATIONS, OR OTHER LIABILITIES, SETTLE AND CLOSE THE COMPANYâ€™S ACTIVITIES. THE COMPANY HAD NO ASSETS AT TIME OF CLOSURE.

Mailing address where claims can be sent:

8710 NW 18TH STREET
CORAL SPRINGS, FL 33071 UN

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROBERT ANTOINE

Electronic Signature of the Person Filing