

FILED
Jul 10, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:
SUN HEALTH DIAGNOSTICS LLC

The document number of the limited liability company: L21000292427

The file date of the articles of organization: June 24, 2021

A description of occurrence that resulted in the limited liability company's dissolution:
MEMBERS FEEL IT IS IN THEIR BEST INTEREST TO DISSOLVE SAID ENTITY.

The name and address of the person appointed to wind up the company's activities and affairs:
YULIYA K. FLYNN
2000 TOWER OAKS BLVD., SUITE 440
ROCKVILLE, MD 20852 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are 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: YULIYA K. FLYNN
Electronic Signature of authorized person

L21000292427



900381272899

Resignation or
dissociation of member
managed

02/09/22--01012--01E **55.00

FILED
2022 FEB -9 PM 3: 05
CLERK OF THE CLERK OF STATE
TALLAHASSEE, FL 32399

A. RAMSEY
FEB 17 2022

Requestor's Name _____
(Address) _____
(Address) _____
(City/State/Zip/Phone #) _____
 PICK-UP WAIT MAIL
(Business Entity Name) _____
(Document Number) _____

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED

2022 FEB - 9 PM 3: 05
RECEIVED
REGISTRATION SECTION



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN HEALTH DIAGNOSTICS LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony Salandra
(Contact Person)

ATS Management LLC
(Firm/Company)

8145 Turnblystone Court Apt 1221
(Address)

Delray Beach FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Salandra at (561) 303-6275
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$55 Filing Fee & Certified Copy
 \$25 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUN HEALTH DIAGNOSTICS LLC

2. The Florida document/registration number assigned to this limited liability company is: L2100029247

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-31-2022

4.1. Anthony Salandra, hereby withdraw/resign as a
(Print Name of Person Resigning)

Anthony Salandra, Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Anthony Salandra
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
SUN HEALTH DIAGNOSTICS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
16216 ANDALUCIA LANE
DELRAY BEACH, FL. US 33446

The mailing address of the Limited Liability Company is:

16216 ANDALUCIA LANE
DELRAY BEACH, FL. US 33446

Article III

The name and Florida street address of the registered agent is:

ANTHONY T SALANDRA
16216 ANDALUCIA LANE
DELRAY BEACH, FL. 33446

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANTHONY SALANDRA

L21000292427
FILED 8:00 AM
June 24, 2021
Sec. Of State
mnkane

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MR
ANTHONY T SALANDRA
16216 ANDALUCIA LANE
DELRAY BEACH, FL. 33446 US

Article V

The effective date for this Limited Liability Company shall be:
06/23/2021

Signature of member or an authorized representative

Electronic Signature: ANTHONY SALANDRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L21000292427
FILED 8:00 AM
June 24, 2021
Sec. Of State
mnkane

2022_FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000292427

Entity Name: SUN HEALTH DIAGNOSTICS LLC

Current Principal Place of Business:

53 NE 2ND AVE
DEERFIELD BEACH, FL 33441

Current Mailing Address:

53 NE 2ND AVE
DEERFIELD BEACH, FL 33441 US

FEI Number: 87-1390708

Name and Address of Current Registered Agent:

LORENTSEN BRANDON
53 NE 2ND AVE
DEERFIELD BEACH, FL 33441 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRANDON LORENTSEN
Electronic Signature of Registered Agent
Date: 06/23/2022

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LORENTSEN, BRANDON
Address 53 NE 2ND AVE
City-State-Zip: DEERFIELD BEACH FL 33441

FILED
Jul 10, 2023
Secretary of State

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MEMBERS FEEL IT IS IN THEIR BEST INTEREST TO DISSOLVE SAID ENTITY.

The name and address of the person appointed to wind up the company's activities and affairs:

YULIYA K. FLYNN
2000 TOWER OAKS BLVD., SUITE 440
ROCKVILLE, MD 20852 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are 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: YULIYA K. FLYNN

Electronic Signature of authorized person

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other file empowered.

SIGNATURE: BRANDON LORENTSEN

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

06/23/2022

Date

2022_FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 31, 2022
Secretary of State
1716947081CC

DOCUMENT# L21000292427

Entity Name: SUN HEALTH DIAGNOSTICS LLC

Current Principal Place of Business:

53 NE 2ND AVE
DEERFIELD BEACH, FL 33441

Current Mailing Address:

3 BUCK MOUNTAIN CT
NEW FAIRFIELD, CT 06812 US

FEI Number: 87-1390708

Name and Address of Current Registered Agent:

DANIEL MADIGAN
16216 ANDALUCIA LANE
DELRAY BEACH, FL 33446 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL MADIGAN

Electronic Signature of Registered Agent

01/31/2022

Date

Authorized Person(s) Detail :

Title MR

Name DANIEL MADIGAN

Address 3 BUCK MOUNTAIN CT

City-State-Zip: NEW FAIRFIELD CT 06812

2023_FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 09, 2023
Secretary of State
3930473106CC

DOCUMENT# L21000292427

Entity Name: SUN HEALTH DIAGNOSTICS LLC

Current Principal Place of Business:

53 NE 2ND AVE
DEERFIELD BEACH, FL 33441

Current Mailing Address:

53 NE 2ND AVE
DEERFIELD BEACH, FL 33441 US

FEI Number: 87-1390708

Name and Address of Current Registered Agent:

DELVALLE TIFFANY
53 NE 2ND AVE
DEERFIELD BEACH, FL 33441 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIFFANY DELVALLE

Electronic Signature of Registered Agent

02/09/2023

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER

Name DELVALLE, TIFFANY

Address 53 NE 2ND AVE

City-State-Zip: DEERFIELD BEACH FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other file empowered.

SIGNATURE: DANIEL MADIGAN

Electronic Signature of Signing Authorized Person(s) Detail

01/31/2022

Date

PRESIDENT/OWNER

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other file empowered.

SIGNATURE: TIFFANY DELVALLE

Electronic Signature of Signing Authorized Person(s) Detail

02/09/2023

Date

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail