

A 15000000 205

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CORPORATION SERVICE COMPANY
1201 Hays Street
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Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 199573 4814048
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : June 30, 2016
ORDER TIME : 9:29 AM
ORDER NO. : 199573-005
CUSTOMER NO: 4814048

DOMESTIC FILINGS

NAME: PALM BAY SURGERY CENTER, LLLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

Palm Bay Surgery Center, LLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on March 23, 2015, assigned Florida document number A15000000205, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

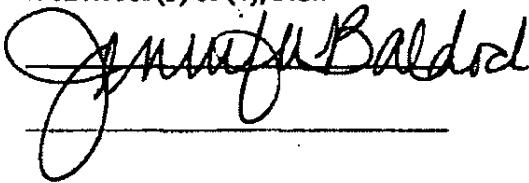
The limited liability limited partnership is winding up its affairs and terminating its existence.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
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