

A21000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

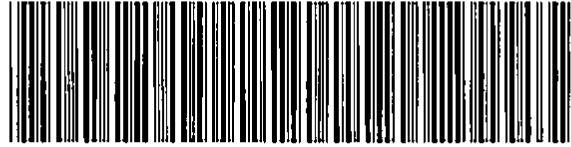
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/5/2021

NAME: FWC OPERATIONS, LP

TYPE OF FILING: DISSOLUTION

COST: 52.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File First **

CERTIFICATE OF DISSOLUTION FOR

FWC Operations, LP

(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 02/19/2021, assigned Florida document number A21000000074, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
FORMED IN ERROR SHOULD HAVE FILED AS A FOREIGN LP

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.)
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.

2021 FEB 19 AM 8:10
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DEPT. OF STATE
TALLAHASSEE, FL
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Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:
For Unified Physician Management
GP, LLC

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75