

A 9500000554

(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



800249947198

RECEIVED

13 DEC -2 PM 4:16

DIVISION OF CORPORATIONS

12 11 05 PM

13 DEC -2 AM 10:30

12 11 05 PM
13 DEC -2 AM 10:30
12 11 05 PM
13 DEC -2 AM 10:30



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 903860 5153708

AUTHORIZATION :

COST LIMIT : \$ 52,500

ORDER DATE : December 2, 2013

ORDER TIME : 3:28 PM

ORDER NO. : 903860-005

CUSTOMER NO: 5153708

DOMESTIC FILINGS

NAME: HOLLYWOOD ARTIFICIAL KIDNEY
CENTER, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

DEC 2 2 41 PM '13
FILING

**CERTIFICATE OF DISSOLUTION
FOR**

HOLLYWOOD ARTIFICIAL KIDNEY CENTER, LTD.

(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 04/08/1995, assigned Florida document number A95000000554, hereby submits this Certificate of Dissolution.

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

Written consent of the general partner and limited partners.

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

THIRD: Effective date, if other than the date of filing: November 8, 2013

(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.:

Lawrence R. Spira Sixth Amended and Restated Declaration of Trust dated July 8, 2008, as amended on June 30, 2009

By:

Brenda Spira, Its Co-Trustee

By: Sabadell United Bank, N.A., Its Co-Trustee

By:

J. Brown
Jonna Brown

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

DEC - 2 AM 10:30