

L02000027555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

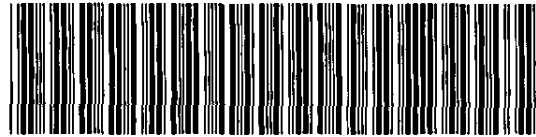
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

13 NOV 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

13 NOV 18 PM 2:06

T. Burdick NOV 19 2013

P



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 888668 5153708

AUTHORIZATION :

COST LIMIT : \$ 25.00

[Handwritten signature]

ORDER DATE : November 18, 2013

ORDER TIME : 12:37 PM

ORDER NO. : 888668-060

CUSTOMER NO: 5153708

DOMESTIC FILINGS

NAME: UNIVERSITY ARTIFICIAL KIDNEY
CENTER, L.L.C.

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: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
UNIVERSITY ARTIFICIAL KIDNEY CENTER, L.L.C.

2. The Articles of Organization were filed on 10/17/2002 and assigned document number
L02000027555

3. The date the dissolution was approved: 11/08/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Written consent of the majority in interest of the limited liability company.

FILED
13 NOV 18 AM 1:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

5. CHECK ONE:

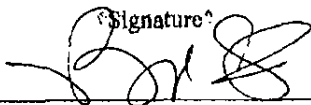
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature: 

Printed Name

Brenda Spira, Manager of St. Augustine Dialysis Facility
Corporation, Its Member