

LO3000046609

(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



100064154091

01/26/06--01003--019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2006 JAN 26 PM 3:06

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: County Line Surgery Center LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID C. DAVIS
(Name of Person)

County Line Surgery Center LLC
(Firm/Company)

18046 Edgewood Dr.
(Address)

Spring Hill, FL 34610
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID C. DAVIS at (352) 799-3661
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2006 JAN 26 PM 3:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

County Line Surgery Center LLC

2. The Articles of Organization were filed on 11/19/2003 and assigned document number

103000046609

3. The date the dissolution was approved: 1/22/2006

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).

608.441(c) upon written consent of all
members of the Limited Liability Company.

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

James W. Davis
David C. Davis, III

JAMES WILLIAM DAVIS
DAVID C. DAVIS, III

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JAN 26 PM 3:07