L046000043542

(Re	equestor's Name)		
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(Ac	idress)		
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(Ac	ddress)		
(Ci	ty/State/Zip/Phone #	<i>f</i>)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates o	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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2814 OCT -1 AM 9: 13 SECRETARY OF STATE

COVER LETTER

10.	Division of Corporations	•	
SUBJE	South Broward Surgical Group, LL	С	
SUBJE		d Liability Company)	
The end	closed Articles of Dissolution and fee(s) are submitted	ed for filing.	
Please r	return all correspondence concerning this matter to t	he following:	
	Carol A. Licko		
	(Nam	e of Person)	
	Hogan Lovells US LLP		
	(Firn	n/Company)	
	600 Brickell Avenue		
	(Address)		
	Miami, FL 33131		
	(City/Stat	te and Zip Code)	
For fur	ther information concerning this matter, please call:		
	Carol A. Licko	305 459-6612	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:		
•	√ \$25.00 Filing Fee and Certificate of Dissolution - \$55.00 Filing Fee, Certificate of Dissolution & Certified Convectable on the converse of Dissolution & Certified Convectable on the ce		
	CK # 6168	Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2014 OCT -1 AM 9: 13 1. The name of a limited liability company is South Broward Surgical Group, LLC 2. The Articles of Organization were filed on June 9, 2004 and assigned document number <u>L04</u>000043542 3. The delayed effective date the dissolution if not effective on the date of filing: Upon filing (effective date cannot be prior to or more than 90 days later than date document is received for filing) 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Affirmative vote by all members to dissolve South Broward Surgical Group, LLC Dissolution effective upon filing with the Florida Secretary of State 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs: Dexter Sereda, Manager / Member Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Non-mont number of Limited Liebility Commence in Editor Commence	
Document number of Limited Liability Company is:	
Date of dissolution was: 401114	
Description of information that must be included in a written claim:	
Name of Claimant	214 OCT T
Address	8 7
Date claim accrued	87 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Nature of claim	9
Telephone number	- To
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp	orations)
Dexter Sereda	
Dexter Sereda South Broward Surgical Group, LLC	

Dexter Sereda, Manager /Member

Printed Name of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00