

L 05 0000013393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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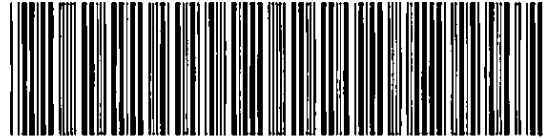
(Business Entity Name)

(Document Number)

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JAN 20 AM 8:33
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TALLAHASSEE, FL

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JAN 20 PM 2:09
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JAN 20 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 629024 4311639

AUTHORIZATION : 

COST LIMIT : \$ 55.00

ORDER DATE : January 19, 2021

ORDER TIME : 9:48 AM

ORDER NO. : 629024-005

CUSTOMER NO: 4311639

DOMESTIC FILINGS

NAME: MIAMI INTERNATIONAL HEALTH
CARE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

Miami International Health Care, LLC

2. The Articles of Organization were filed on February 9, 2005 and assigned

document number L05000013393

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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.

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).

The limited liability company is no longer transacting business in Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Javier Sobrado, M.D.

8600 SW 92nd Street, Suite A107

Miami, Florida 33156

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:


Signature

Javier Sobrado, M.D.

Printed Name

FILING FEE: \$25.00

FILED
2021 JAN 20 AM 8:33
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TALLAHASSEE, FL