

L05000015458

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
CEDARS GASTROENTEROLOGISTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

14 APR -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2014 APR -1 AM 8:17

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Electronic Filing Menu

Corporate Filing Menu

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APR - 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cedars Gastroenterologists, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Ceci Estill

(Name of Person)

HCA Management Services, L.P.

(Firm/Company)

One Park Plaza - Legal Dept.

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill

(Name of Person)

at (615)

344-2994

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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

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

1. The name of a limited liability company is
Cedars Gastroenterologists, LLC
2. The Articles of Organization were filed on 02/14/2005 and assigned
document number L05000015458
3. The delayed effective date the dissolution if not effective on the date of 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).
Upon written consent of the sole member.

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:

Signature

Printed Name

Natalie H. Cline

By: Natalie H. Cline, authorized person

FILING FEE: \$25.00

FILED
2014 APR - 1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Name of Limited Liability Company: Cedars Gastroenterologists, LLC

Document number of Limited Liability Company is: L05000015458

Date of dissolution was: 4/1/14

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Cedars Gastroenterologists, LLC
One Park Plaza - Legal Dept.
Nashville, TN 37203

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR -1 AM 8:17

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Natalie H. Cline
Printed Name of the Person Filing

Natalie H. Cline
Signature of the Person Filing

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