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2017-08-28 11:21:36 CST

12102022573 From: Kimberly Laughrey

8/23/2017

Division of Corporations

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 : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
RENAL CARE PARTNERS OF MIAMI, LLC

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

FILED
2017 AUG 23 AM 10:15
CLERK OF COURT
JULIA A. HASSLER, CLERK

**PLEASE HONOR ORIGINAL
SUBMISSION DATE OF 8/23/2017**

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2017 AUG 28 PM 2:17

CLERK OF COURT
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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2017 AUG 23 AM 10:15
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

1. The name of a limited liability company is
Renal CarePartners of Miami, LLC
2. The Articles of Organization were filed on 09/06/2005 and assigned
document number 1.05000087583
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).
Discontinued the business
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

Thomas L. Weinberg

Printed Name

FILING FEE: \$25.00

850-617-6381

8/25/2017 9:19:33 AM PAGE 1/001 Fax Server



August 25, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RENAL CAREPARTNERS OF MIAMI, LLC
320 SEVEN SPRINGS WAY
SUITE 220
BRENTWOOD, TN 37027

SUBJECT: RENAL CAREPARTNERS OF MIAMI, LLC
REF: L05000087583

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000226344
Letter Number: 417A00017525

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