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(Requestor's Name) (Address)	200337771272
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	12 99, 1901010011 +•05, <u>00</u>

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19 DEC -9 AH 9: 29

COVER LETTER

19 0EC -9 M 9: 29 **TO**: Registration Section Division of Corporations A & G Spinal Solutions LLC SUBJECT (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: Cynthia Williamson Name of Persona A & G Spinal Solutions LLC -----(Firm Company) 13601 McGregor Blvd Suite 11 (Address) Fort Myers, FL 33919 (City-State and Zip Code) For further information concerning this matter, please call: at (Area Code & Daytime Telephone Number)

Sharon Johnston (Name of Person)

Enclosed is a check for the following amount

\$25.06 Eding Fee and Certificate of Dissolution

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

□ \$55.00 Earny line. Certoficate of Dissolution & Centified Copy (additional copy is enclosed).

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED LIABILITY COMPANY	<i>ب</i>
	name of a limited liability company is G Spinal Solutions LLC	10 DEC -9
2. The 2	Articles of Organization were filed on 01 03/2006 and assigned	HI 9.
docu	ment number 4.0600000728	29
3. The c	delayed effective date the dissolution if not effective on the date of filing: 12,3,20,19 teffective date cannot be prior to or more than 90 days later than date document is received for filing for the date inserted in this block does not meet the applicable statutory filing requirements, this date will d as the document's effective date on the Department of State's records.	not be
4. A de: 605.0	scription of occurrence that resulted in the limited liability company's dissolution pursuant to see 707. Florida Statutes, (copy 605.0707 on back cover letter).	rtion
No Le	nger in Business	
	re are no members, enter the name and address of the person appointed to wind up the company' ties and affairs:	
activi	ties and affairs:	_
	······	-
		-
6. Signa Insted ab	ature of an authorized person or if there are no members, the signature of the person appointed an ove to wind up the company's activities and affairs:	- .d
	Printed Name	_
	V ····	

