Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000278142 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

, (850)87B-5368

LLC DISSOLUTION OR WITHDRAWAL **DESTIN PRIMARY CARE, LLC** 

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

10 DEC 30 AM 10: 3

ectronic Filing Menu Corporate Filing Menu

Help

K. SALY EXAMINER JAN 3 2011

## **COVER LETTER**

	pstrauon : rision of C	Section Sorporations				
SUBJECT:	Destin	Primary Care, LLC				
		(Name of L	imited Liability Company	}		
The sections			Access to the late			
		of Amendment and fee(s) are so				
rease return	an cones	pondence concerning this matte	er to the following:			
	Dora	A. Blackwood				
			(Name of Person)	- 74		
	HCA Management Services, L.P.					
			(Firm/Company)			
	One Park Plaza (Address)					
			(74401533)			
·	Nashv	rine, TN 37203 (City	y/State and Zip Code)			
for further in	formation	concerning this matter, please	cull:			
Dora A. Blackwood		at ( 615 (Area Code	344-216	2		
		(Name of Person)	(Area Code	& Dayume	Telephone Number)	
Enclosed is a c	heck for th	e following amount:				
<b>€</b> \$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registra Division Clifton I	tion Sec of Corp Building	porations		
	18118	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

10 DEC 30 AM 9: 58

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

	1 (1000-
1. The name of a limited liability company is	
Destin Primary Care, LLC	
a mile a citie con citie a con full	14/2006
2. The Articles of Organization were filed on6/1	and assigned document number
L06000060955	
3. The date the dissolution was approved: 12/29/20	010
4. A description of occurrence that resulted in the 1 608.441, Florida Statutes, (copy 608.441 on back	limited liability company's dissolution pursuant to section k cover letter).
written consent of the sole member	• • • • • • • • • • • • • • • • • • • •
Witch Collect of the 2016 Heribet	
5. CHECK ONE:	•
	he limited liability company have been paid or discharged.
OR-	the debts, obligations and liabilities pursuant to s. 608.4421.
• •	
<ol> <li>All remaining property and assets have been dist rights and interests.</li> </ol>	tributed among its members in accordance with their respective
riging and morous.	
7. CHECK ONE:	, and the second se
There are no suits pending against the co	ompany in any court.
-OR-	
Adequate provision has been made for the entered against it in any pending suit.	he satisfaction of any judgment, order or decree which may be
entered against it in any pending sun.	
manures of the members having the same percentage	e of membership interests necessary to approve the dissolution;
3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	, , ,
Signature	Printed Name
Signature	Gaten Holdeo, LLC, sole member
Nay li ble h.	By: Daru A. Blackwood, Vice President and Secretary
Dan M. amamus	
·	