

LO6000071284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

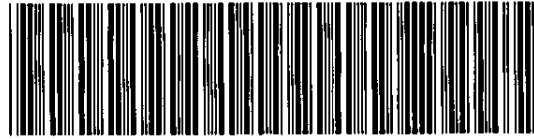
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 NOV 18 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DEPARTMENT OF STATE
13 NOV 18 AM 2:03



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 888668 5153708
AUTHORIZATION : *Susie Knight*
COST LIMIT : \$25.00

ORDER DATE : November 18, 2013
ORDER TIME : 12:32 PM
ORDER NO. : 888668-015
CUSTOMER NO: 5153708

DOMESTIC FILINGS

NAME: EAST COAST DIALYSIS SERVICES,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

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2013 NOV 18 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
EAST COAST DIALYSIS SERVICES, LLC

2. The Articles of Organization were filed on 07/18/2006 and assigned document number
L06000071284

3. The date the dissolution was approved: 11/08/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Written consent of the majority in interest of the limited liability company.

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

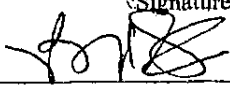
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
- OR-
- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Brenda Spira, Manager of St. Augustine Dialysis Facility Corporation, Its Member
