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SUFFICIENCY EFEMB

k.saly examiner JUN 28 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. . .

ACCOUNT NO. : I2000000195 REFERENCE : 193903 4353914 AUTHORIZATION na COST LIMIT 25.00 \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ORDER DATE : June 27, 2016

- ORDER TIME : 3:35 PM
- ORDER NO. : 193903-005

CUSTOMER NO: 4353914

\_\_\_\_\_ 

## DOMESTIC FILINGS

NAME : HUDSON RADIOLOGY CONSULTANTS,  $\mathbf{PL}$ 

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS:

<b>.</b> •	. •	ARTICLES OF DISSOLUTION	~
		FOR A LIMITED LIABILITY COMPANY	FILE
1.	The name of a limited liabil	• • •	FILE 2016 JUN 27 AM
	Hudson Radiology Consultant	s, PL	FALL AUTARY OF C
2.	The Articles of Organization	a were filed on	<u>SECRE MRY OF ST</u> TALLAHASSEE, FLO
	document number0004	8416	
3.	Note: If the date inserted in U	he dissolution if not effective on the date of fil date cannot be prior to or more than 90 days later than d his block does not meet the applicable statutory film ive date on the Department of State's records.	ing: June 30, 2016 are document is received for filing) ng requirements, this date will not be
4.	605.0707, Florida Statutes, (	that resulted in the limited liability company's copy 605.0707 on back cover letter).	-
			approved written consent of the
	Sole Member.		
5.	If there are no members, ent activities and affairs:	er the name and address of the person appoint n/a	ed to wind up the company's
	activities and arrange.		
6. lis	. Signature of an authorized p sted above to wind up the cor	person or if there are no members, the signatur npany's activitics and affairs:	e of the person appointed and
	Elo,	Ellis B. Norsoph, M.I	D., President of the Member
	Signature	Prin	ited Name

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FILING FEE: \$25.00

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