

LD700006672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR 21 2010

EXAMINER

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10 APR 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anesthesia Professional Services of New Tampa, LLC
(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:

William Milo

(Name of Person)

Surgery Partners

(Firm/Company)

5501 W Gray St

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

William Milo

(Name of Person)

at (813) 569-6500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Anesthesia Professional Services of New Tampa, LLC

2. The Articles of Organization were filed on 06/25/2007 and assigned document number L07000066672

3. The date the dissolution was approved: 04/07/2010

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).

There are no members or employees in Anesthesia Professional Services of New Tampa, LLC

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.

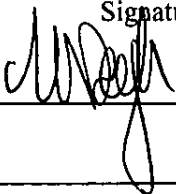
-OR-

☐ 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



Mike Doyle, CEO

FILED
10 APR 19 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00



April 13, 2010

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is being sent to notify The Division of Corporations that we have attached the forms in regards to dissolving a Florida Limited Liability Company.

Please feel free to contact me at the phone number provided below if you have any additional questions. In addition our return address is: 5501 W Gray St. Tampa, FL 33609

Regards,

A handwritten signature in black ink, appearing to read "Crystal Winkler".

Crystal Winkler, PHR
Sr. HR Generalist
813-569-6500 x6626

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10 APR 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SURGERY PARTNERS CORPORATE OFFICE

5501 WEST GRAY STREET • TAMPA, FLORIDA 33609

813.569.6500 • FAX: 813.569.6262 • WWW.SURGERY-PARTNERS.COM