Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H20000049550 3)))



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To:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL INDIAN RIVER SURGERY PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

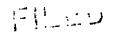
Electronic Filing Menu

Corporate Filing Menu

Help

2,2020

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2020 FEB 12 PM 2: 48

1. The name of a limited h	iability company is	ompany is TALLAHASSEE, FLORID		
Indian Rivers Surgery Pro	operties, LLC		TALL SHAPPER I I I I I I I I I I I I I I I I I I I	
2. The Articles of Organiz	ation were filed on Augus	st 9th. 2007	and assigned	
document number L070	000081744			
Note: If the date inserted	ctive date cannot be prior to or	more than 90 days later that the applicable statutory	filing:	
4. A description of occurre 605,0707, Florida Statut	ence that resulted in the lines, (copy 605,0707 on bac	mited liability compar ck cover letter).	y's dissolution pursuant to section	
All assets of the limited lia	bility company is sold.			
5. If there are no members, activities and affairs:	, enter the name and addre Ladd W. Mark, VP	ess of the person appo	inted to wind up the company's	
	569 Brookwood Villa	ge, Suite 901		
	Birmingham, AL 3520	99		
listed above to wind up the	company's activities and	o members, the signat affairs:	ure of the person appointed and	
The nk		Ladd W. Mark, VP		
Signature		P	Printed Name	

FILING FEE: \$25.00

Filling

Notice of Limited Liability Company Dissolution FEB 12 PM 2:48

NOTE: This page is optional

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Indian River Surgery Properties, LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
All assets of the limited hability company are sold.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
569 Brookwood Village, Suite 901
Birmingham, AL 35209

Ladd W. Mark, VP

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Printed Name of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00