

67 000088517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

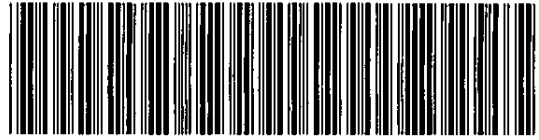
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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M. THOMAS

OCT 23 2008

EXAMINER

McGuireWoods LLP  
77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601-1818  
Phone: 312.849.8100  
Fax: 312.849.3690  
www.mcguirewoods.com

Julia M. Earle, Paralegal  
Direct: 312.750.8671

McGUIREWOODS

jmearle@mcguirewoods.com  
Direct Fax: 312.849.3690

October 21, 2008

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Galloway Endoscopy Center, LLC - Dissolution

Dear Sir or Madam:

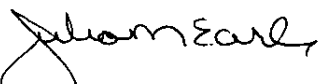
Enclosed for filing with the Florida Division of Corporations are duplicate copies of the Articles of Dissolution for the above named entity.

I have also enclosed a check in the amount of \$25 for the filing fee.

Once the Articles have been filed, please return a file stamped copy to me in the enclosed self-addressed envelope.

If you have any questions, please call me at 312.750.8671.

Very truly yours,

  
Julia M. Earle

Enclosures

cc: Amber M. Walsh

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Galloway Endoscopy Center, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia M. Earle  
(Name of Person)

McGuireWoods LLP  
(Firm/Company)

77 West Wacker Drive, Suite 4100  
(Address)

Chicago, IL 60601  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Julia Earle at ( 312 ) 750-8671  
(Name of Person) (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  
Galloway Endoscopy Center, LLC

2. The Articles of Organization were filed on August 28, 2007 and assigned document number  
L07000088517

3. The date the dissolution was approved: October 21, 2008

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).  
The limited liability company was formed, however, business was never transacted.

**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

*Karen Sablyak*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Karen Sablyak  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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