

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Please retain original filing
date of submission 7/16

**LLC DISSOLUTION OR WITHDRAWAL
MEDICAL PARTNERS SURGERY CENTER, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHESSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Partners Surgery Center, L.L.C.
(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:

Darryl Jacks

(Name of Person)

Medical Partners Surgery Center, L.L.C.

(Firm/Company)

3000 Riverchase Galleria, Suite 500

(Address)

Birmingham, AL 35244

(City, State and Zip Code)

For further information concerning this matter, please call:

Darryl Jacks

(Name of Person)

205

545-2738

at (

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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
Medical Partners Surgery Center, L.L.C.
2. The Articles of Organization were filed on 10/1/2007 and assigned
document number L07000099734
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Members holding Percentage Interests totaling in the aggregate of at least 75% of the Percentage Interest in the
Company as required by Section 16.1(b) of the Company's Operating Agreement have consented in writing to
the dissolution of the Company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

RLS [Signature]
Signature

Richard L. Sharf, Jr., Vice President & Secretary
Printed Name

FILING FEE: \$25.00

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