

10/21/2019

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

207000101993

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190003119063)))



H190003119063ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)200-3338  
 Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL  
 KENDALL VASCULAR SURGERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 OCT 21 PM 1:00

2019 OCT 21 PM 1:00  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

2019 OCT 21 PM 1:00

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

OCT 22 2019  
 T. LEMIEUX

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Kendall Vascular Surgery, LLC

2. The Articles of Organization were filed on October 5, 2007 and assigned  
document number L07000101993

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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).  
By written consent of the sole member.

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:

  
Signature

Natalie H. Cline  
Printed Name

FILING FEE: \$25.00

FILED  
2019 OCT 21 PM 13:26  
TALLAHASSEE, FLORIDA