

11/11/2019

Division of Corporations

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAUREL GROVE SURGERY CENTER, LLC**

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Laurel Grove Surgery Center, LLC

SECOND:

The date of filing of the initial articles of organization is: November 19, 2007

THIRD: The date of filing of the dissolution is:

10-18-2017

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline
Signature of Authorized Representative

Natalie H. Cline

Typed or printed name of signature

Filing Fee: \$25.00
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