

L08000000852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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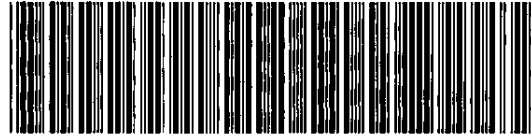
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 22 2010

EXAMINER

CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

September 20, 2010

VIA UPS # 1Z F60 R31 01 9205 3859
FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

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10 SEP 21 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Hillmoor Surgery Center, LLC
Document Number L08000000852

Dear Sir or Madam:

Enclosed herewith, please find the following, being submitted for filing on behalf of the above-referenced limited liability company:

- 1) Articles of Dissolution;
- 2) Cover Letter; and
- 3) Check in the amount of \$25.00.

If you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to
Mark A. Kikta, Esq.

/blw

Enclosures

cc: Dr. Dan DelRowe (w/o encls.) (via U.S. Mail)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hillmoor Surgery Center, LLC
(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:

Mark A. Kikta, Esq.

(Name of Person)

Corsaro & Associates Co., LPA

(Firm/Company)

28039 Clemens Road

(Address)

Westlake, OH 44145

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark A. Kikta, Esq.

(Name of Person)

at (440) 871-4022

(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Hillmoor Surgery Center, LLC

2. The Articles of Organization were filed on 01/02/2008 and assigned document number
L08000000852

3. The date the dissolution was approved: 08/01/2010

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).

Written consent of all members F.S. 608.441(c)

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:

X Signature


Printed Name

Daniel DelRowe

FILING FEE: \$25.00