

L080000001269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

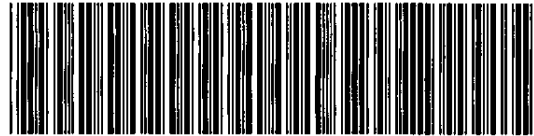
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 26 PM 1:58

APR -1 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orthopaedic Surgery Center of Excellence, 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:

Charles E. Abrahamsen

(Name of Person)

(Firm/Company)

808 Eldorado Ave.

(Address)

Clearwater, FL 33767

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E Abrahamsen

(Name of Person)

727

at ()

242-3338

(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
Orthopaedic Surgery Center of Excellence, LLC
2. The Articles of Organization were filed on January 22, 2008 and assigned
document number L08000001269
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).
Written consent of all members. No longer in business (commercial real estate
rental office was sold).
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: _____

Chamuse

Signature

Charles E. Abrahamsen

Printed Name

FILING FEE: \$25.00

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