

LD9000078670

Steven Case

(Requestor's Name)

(Address)

7777 No. University

(Address)

Tamarac, FL 33321

(City/State/Zip/Phone #)

drive
Suite
101

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

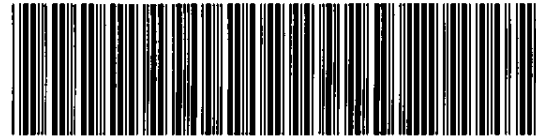
Special Instructions to Filing Officer:

L. SELLERS

JAN 21 2011

EXAMINER

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01/03/11--01011--028 **35.00

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11 JAN 20 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN COAST HEALTH, 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:

DR STEVEN PARK
(Name of Person)
UNIVERSITY HEALTH CENTER, PA
(Firm/Company)
7797 N. VAN V. DR. #101
(Address)
TAMPA, FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

DR STEVEN PARK at (954) 722 6050
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

STEVEN CANE
7797 N. UNIVERSITY DRIVE, STE. 101
TAMARAC, FL 33321

SUBJECT: SUN COAST HEALTH, LLC
Ref. Number: L09000078670

We have received your document for SUN COAST HEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 911A00000701

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Sun Coast Health, LLC

2. The Articles of Organization were filed on 8/25/09 and assigned document number

LC09000078670

3. The date the dissolution was approved: 1/7/11

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).

Company No Longer Doing Business

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:

Signature

Printed Name

[Signature]

D. Frown Cove
Dr. Diego Koffen

11 JAN 20 PM 4:57
RECEIVED
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

FILING FEE: \$25.00