

L10 0000001573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

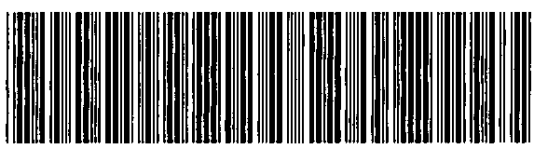
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G. MCLEOD

APR 27 2010

EXAMINER



900177533039

04/26/10--01043--006 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 26 PM 1:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solera Medical Center Homestead, 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:

Kirsten Eylerts

(Name of Person)

Solera Health Systems, LLC

(Firm/Company)

2151 S. Le Jeune Road, Suite 202

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirsten Eylerts

(Name of Person)

at (305) 448-8255

(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**

1. The name of a limited liability company is
Solera Medical Center Homestead, LLC

2. The Articles of Organization were filed on January 6, 2010 and assigned document number
L10000001573

3. The date the dissolution was approved: 04/15/10

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).

By unanimous agreement of all members

5. CHECK ONE:

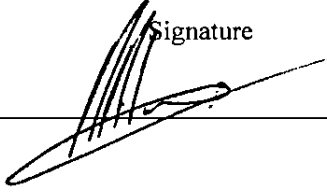
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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

Solera Health Systems, LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 26 PM 1:54

FILING FEE: \$25.00