

L10000003326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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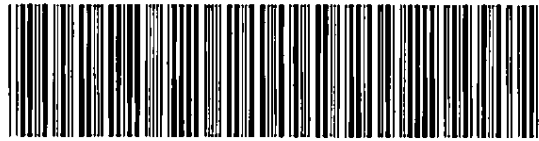
(Business Entity Name)

(Document Number)

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Y. CHEN
8/11/21

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 09/09/2021

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Name:	Gulf Coast Inpatient Specialists, LLC
Document #:	
Order #:	13867026- 1 / 5

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Inpatient Specialists, 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:

Ceci Estill

(Name of Person)

c/o Gulf Coast Inpatient Specialists, LLC

(Firm/Company)

One Park Plaza

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill at (615) 344-2994
(Name of Person) (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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Gulf Coast Inpatient Specialists, LLC

2. The Articles of Organization were filed on 01/08/2010 and assigned

document number L10000003326

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

By written consent of the sole member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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CLERK OF STATE
TALLAHASSEE, FL

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:

Natalie H. Cline

Signature

Natalie H. Cline

Printed Name

FILING FEE: \$25.00