

L10000006312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

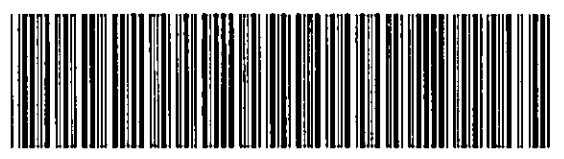
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200314385992

06/14/18--01002--004 \*\*25.00

FILED  
18 JUN 14 PM 3:16  
STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

K. SALV  
JUN 15 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCG Medical Center Group, 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:

JORGE SALCEDO, ESQ

(Name of Person)

SALCEDO ATTORNEYS AT LAW P.A.

(Firm/Company)

200 S BISCAYNE BLVD SUITE 2700

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ at ( 305 ) 3750640

(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/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  
10 JUN 14 PM 3:16  
STATE OF FLORIDA  
DEPARTMENT OF STATE

1. The name of a limited liability company is  
MCG MEDICAL CENTER GROUP, LLC

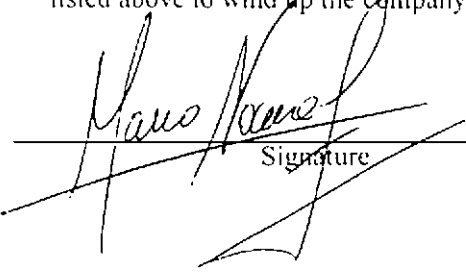
2. The Articles of Organization were filed on 01/19/2010 and assigned  
document number L10000006312

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).  
Resolutions approving dissolution of the company were adopted unanimously by the members, as permitted by  
Florida Revised Limited Liability Company Act.

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:

  
Signature

Marco Nocera  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

FILED  
10 JUN 14 PM 3:16  
STATE OF FLORIDA  
CORPORATION DIVISION

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MCG MEDICAL CENTER GROUP, LLC

Document number of Limited Liability Company is: L10000006312

Date of dissolution was: 6/08/2017

Description of information that must be included in a written claim:

Claims shall be in writing and include:

- 1) name and address of claimant;
- 2) claim amount;
- 3) basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

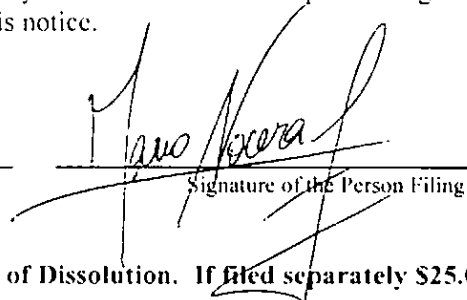
1643 BRICKELL AVE SUITE 2304

MIAMI, FL 33129

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Marco Nocera

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00