

11/25/2020

L1000049305

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 WEST FLORIDA GULF COAST PRIMARY CARE, LLC**

Certificate of Status	0
Certified Copy	1
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November 30, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WEST FLORIDA GULF COAST PRIMARY CARE, LLC
ONE PARK PLAZA-LEGAL DEPARTMENT
NASHVILLE, TN 37203

SUBJECT: WEST FLORIDA GULF COAST PRIMARY CARE, LLC
REF: L10000049305

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Statement of Termination can not be filed before the Articles of Dissolution as the Dissolution must be filed first.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H20000405929
Letter Number: 120A00023818

2 OF 2, FILE SECOND WITH H0000405933 3 FIRST. HONOR ORIGINAL DATE 11-25-20

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: _____

West Florida Gulf Coast Primary Care, LLC

SECOND:

The date of filing of the initial articles of organization is: 05-06-2010

THIRD: The date of filing of the dissolution is:

11-25-2020

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline

Signature of Authorized Representative

Natalie H. Cline

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)

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