

11/25/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000405933 3)))



H20000405933ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
WEST FLORIDA GULF COAST PRIMARY CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED

2020 DEC -4 AM 8:18

RECEIVED

2020 NOV 25 AM 8:05

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help
01/20/2020

1 OF 2. FILE FIRST WITH H20000405929 3 SECOND. HONOR ORIGINAL DATE 11-25-20



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

1 OF 2, FILE FIRST WITH H20000405929 3 SECOND. HONOR ORIGINAL DATE 11-25-20

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
West Florida Gulf Coast Primary Care, LLC
2. The Articles of Organization were filed on 05-06-2010 and assigned
document number L10000049305
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:
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

Natalie H. Cline
Printed Name

FILING FEE: \$25.00