

L10000078134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

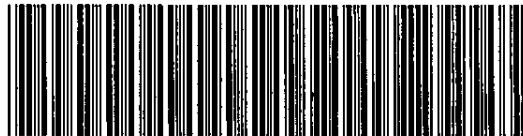
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/17/14--01013--032- **25.00

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TALLAHASSEE, FLORIDA

2014 NOV 17 AM 9:26

DEC - 9 2014

T CLINL



12/5/14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

RAVINDER N. CHOPRA
114 E. 90TH DRIVE
MERRILLVILLE, IN 46410

SUBJECT: SC HEALTHCARE VENTURES LLC
Ref. Number: L10000078134

We have received your document for SC HEALTHCARE VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 714A00025000

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14 DEC -8 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SC Healthcare Ventures, LLC

2. The Articles of Organization were filed on 7/23/10 and assigned

document number L 100000 78134

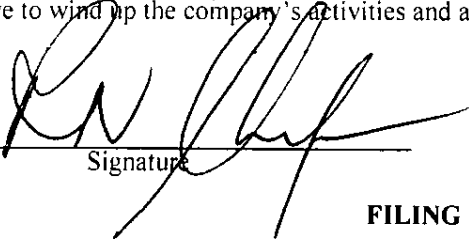
3. The delayed effective date the dissolution if not effective on the date of filing: 12/3/14
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

We Have Closed The Business

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

Ravinder N. Chopra
Printed Name

FILING FEE: \$25.00

2014 NOV 17 AM 8:26
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC Healthcare Ventures 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:

Ravinder N. Chopra
(Name of Person)
SC Healthcare Ventures, LLC
(Firm/Company)
114 E. 90th Dr.
(Address)
Merrillville IN 46410
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 17 AM 8:26

FILED

For further information concerning this matter, please call:

Ravinder N. Chopra at (219) 736-2700
(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