

Division of Corporations

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L110000033437

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
SUNRISE MEDICAL GROUP III, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

REC'D

15 APR -1 AM 10:00

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REGISTRATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE MEDICAL GROUP III, L.L.C.
(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:

SARA FREDERICK C/O WOLTERS KLUWER

(Name of Person)

SUNRISE MEDICAL GROUP III, L.L.C.

(Firm/Company)

1999 BRYAN STREET, SUITE 900

(Address)

DALLAS, TX 75201

(City/State and Zip Code)

For further information concerning this matter, please call:

SARA FREDERICK

(Name of Person)

214

932-3685

at (

) (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**

1. The name of a limited liability company is
SUNRISE MEDICAL GROUP III, L.L.C.
2. The Articles of Organization were filed on 03/18/2011 and assigned
document number LI1000033437
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)
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).
The 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: Kristina A. Mack, Secretary of Tenet Florida Inc., Sole and Managing Member
of Tenet Florida Physician Services, L.L.C., Sole and Managing Member of
Sunrise Medical Group III, L.L.C.
1445 Ross Ave. Suite 1400, Dallas, TX 75202
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:

Kristina A. Mack
Signature

Kristina A. Mack
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA