

Division of Corporations

2018/12/07 18:24:27

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.

(((H18000348753 3)))



H180003487534BC6

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 : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

FILED
18 DEC 10 AM 8:55
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
INDIAN RIVER MEDICAL ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

2018 DEC 10 AM 7:52

DEC 11 2018

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

((H18C00348753 3))

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
INDIAN RIVER MEDICAL ASSOCIATES, LLC
2. The Articles of Organization were filed on March 22, 2011 and assigned
document number 111000034391
3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).
The voluntary dissolution of the limited liability company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Karen Davis
1000 36th Street
Vero Beach, FL 32960

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

Karen Davis, Manager
Printed Name

FILING FEE: \$25.00

((H18000348753 3))