

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.

(((H160002771293)))



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

3052201440

: (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Ç

## LLC DISSOLUTION OR WITHDRAWAL NOSTRUM MEDICAL GROUP MSO LLC

والمستحد والمستحدث المستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد وا	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE NOV 1 0 2016

H16000277129

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Signature		•	inted Name	
\$ 3		LAZA	es 1	10REIRA
Signature of an authorized per ad above to wind up the comp	son or if there are no sany's activities and af	nombers, the signatu	re of the per	son appointed and
· -				» <b>u</b>
-				유한 <b>유</b>
ctivities and affairs:				
f there are no members, enter	the name and address	of the person appoin	ited to wind i	ip the company's
	<u> </u>			IS NO
				- 전유 <b>명</b>
No longe	R IN BU	ISINESS		
A description of occurrence th 05.0707, Florida Statutes, (co	at resulted in the limit by 605.0707 on back o	ed liability company cover letter).	's dissolution	pursuant to section
Note: If the date inserted in this listed as the document's effective			ing requir <b>eme</b>	nts, this date will no
	e cannot be prior to or mor	e than 90 days later than	date document	
locument number	000101882	2		
The Articles of Organization v		The state of the s	and ass	signed
	MEDICAL			
	116 21 631 6	しつべししん	1130	

FILING FEE: \$25.00