

L11000106785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

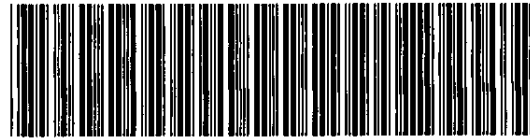
(Business Entity Name)

(Document Number)

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2012 JAN 19 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
JAN 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOSTRUM MEDICAL CENTER WEST HIALEAH 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:

LUIS GINORIS
(Name of Person)
GINORIS & ASSOCIATES, INC
(Firm/Company)
200 W. 49 ST
(Address)
HIALEAH, FLORIDA 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

ESTELA GINORIS at (305) 821-8292
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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

FILED

2012 JAN 19 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

NOSTRUM MEDICAL CENTER WEST HIALEAH LLC

2. The Articles of Organization were filed on SEPT. 16, 2011 and assigned document number

611000106785

3. The date the dissolution was approved: 12/12/11

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

DECISION MADE BY ALL MEMBERS

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Luis Ginoris M.D.
Estela Ginoris

LUIS GINORIS MD
ESTELA GINORIS