

L11000 141510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

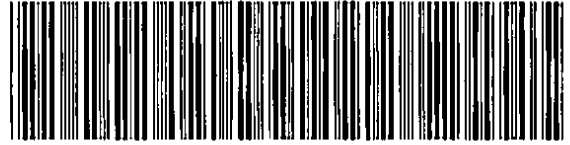
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300325074253

02/22/19--01010--006 **25.00

APPROVED
AND
FILED
2019 FEB 22 AM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G. 2/27/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine State Surgicenter Associates, 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:

John Lanza, MD

(Name of Person)

(Firm/Company)

1916 U.S. Highway 441 North

(Address)

Okeecobee, FL 34972

(City/State and Zip Code)

For further information concerning this matter, please call:

John Lanza, MD

(Name of Person)

at (863) 357-7791

(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

Sunshine State Surgicenter Associates, LLC

2. The Articles of Organization were filed on _____ and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: 02/28/19
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

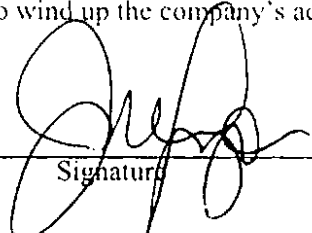
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Operating agreement states cause of dissolution - the company ceases 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

John Lanza, MD

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sunshine State Surgicenter Associates, LLC

Document number of Limited Liability Company is: L11000141510

Date of dissolution was: 02/28/19

Description of information that must be included in a written claim:

Documentation supporting claim.

2019 FEB 22 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL 32310

APPROVED
AND
FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

John Lanza, MD

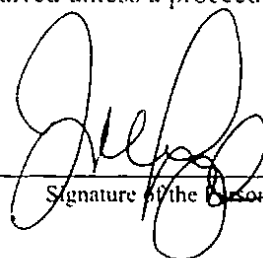
1916 U.S. Highway 441, North

Okeechobee, FL 34972

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John Lanza, MD

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00