

L12000044912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 MAR 26 AM 10:47
FILED
15 MAR 26 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2015

T. BROWN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 454924 7879678

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 9, 2015

ORDER TIME : 9:59 AM

ORDER NO. : 454924-010

CUSTOMER NO: 7879678

DOMESTIC FILINGS

NAME: SOUTH TAMPA CENTER FOR OUT
PATIENT SURGERY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

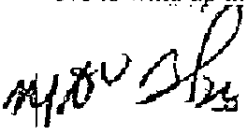
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SOUTH TAMPA CENTER FOR OUT PATIENT SURGERY, LLC
2. The Articles of Organization were filed on 4-2-2012 and assigned
document number L12000044912
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).
LLC was not being used.

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

MATTHEW BRECHER, D.C.

Printed Name

FILING FEE: \$25.00