Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

LLC DISSOLUTION OR WITHDRAWAL UHS SOUTHEAST LITHOTRIPSY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$55.00

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	UHS Southeast Lithotripsy Solutions, LLC
2.	The Articles of Organization were filed on July 3, 2013 and assigned
	document number L13000095506
3.	The delayed effective date the dissolution if not effective on the date of filling: (affective 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 statistory filling requirements, this date will not to 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 consent of all members.
	The limited liability company has ceased transacting business in Florida.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	CLUTING and alleas.
6 li	. Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Matthew McCabe, Authorized Person
_	Signature Printed Name
	FILING FEE: \$25.00

F1.056 - E462815 Watters Chross Ordina

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:	sy Solutions, LLC
Document number of Limited Liability Company is:	095506
Date of dissolution was: 10/04/2019	
Description of information that must be included in a written	n claim:
Claims must include the name of the chaimant, the amount of the	claim,
and a short summary of the basis for the claim.	
Mailing address where claims can be sent: (Claims cannot b	e sent to the Division of Corporations)
6625 West 78th Street, Suite 300	
Minueapolis, MN 55439	
<u> </u>	,
A claim against the above named limited liability company claim is commenced within 4 years after the filling of this no	will be barred unless a proceeding to enforce the order.
	1.0
Matthew McCabe, Authorized Person	V(000) 1/
Printed Name of the Person Filing	Signature of the Person Piling
	Signature of the Person Piling

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

PLOSS - MAZORT Walkers Klesser Online