

L13000108942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

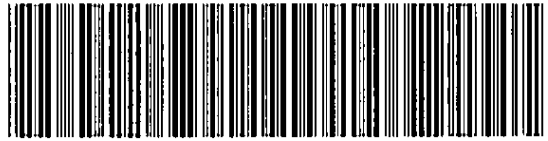
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 SEP -7 AM 10:28

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2021 SEP -7 AM 9:25

CLERK OF STATE  
TALLAHASSEE, FL

SEP 10 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 09/07/2021

Acc#I20160000072

*en: c DW*

Name:	Greater Tampa Bay Physicians - Pinellas, LLC
Document #:	
Order #:	13860834-1,5

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Greater Tampa Bay Physicians - Pinellas, 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:

Ceci Estill

\_\_\_\_\_  
(Name of Person)

c/o Greater Tampa Bay Physicians - Pinellas, LLC

\_\_\_\_\_  
(Firm/Company)

One Park Plaza

\_\_\_\_\_  
(Address)

Nashville, TN 37203

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill

\_\_\_\_\_  
(Name of Person)

615

344-2994

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Greater Tampa Bay Physicians - Pinellas, LLC

2. The Articles of Organization were filed on 08/01/2013 and assigned  
document number L13000108942

3. The delayed effective date the dissolution is 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)  
**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).

By written consent of the sole member.

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:

Natalie H. Cline  
Signature

Natalie H. Cline

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2011 SEP - 7 AM 9:25  
TAMPA, FL  
CLERK OF STATE