

L15000089078

(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



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10/13/23--01012--014 **25.00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 13 AM 8:26

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Cardiac and Vascular Institute Management Company, 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:

Carol Melvin

(Name of Person)

Miami Cardiac and Vascular Institute Management Company, LLC

(Firm/Company)

1500 San Remo Avenue

(Address)

Coral Gables, Florida 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Melvin

(Name of Person)

786

6627786

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

FILED

2023 OCT 13 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Miami Cardiac and Vascular Institute Management Company, LLC

2. The Articles of Organization were filed on 5/14/2015 and assigned

document number L15000089078

3. The delayed effective date the dissolution if not effective on the date of filing: 10/23/23
(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).

Automatic dissolution event per the Company's Operating Agreement on 9/30/23.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Carol Melvin, 1500 San Remo Avenue, Coral Gables, Florida 33146

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

Carol Melvin

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: Miami Cardiac and Vascular Institute Management Company, LLC

Document number of Limited Liability Company is: L15000089078

Date of dissolution was: 10/23/23

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

At a minimum, claim must include: name of vendor, date of service, description of service provided by/to the

Company, amount of claim, copy of contract/invoice, contact information for vendor (name/address/phone number

fax/email) and Company/Baptist vendor/ID number. Additional information may be required.

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

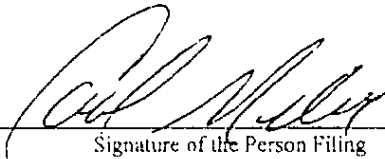
Carol Melvin, Miami Cardiac and Vascular Institute Management Company, LLC

1500 San Remo Avenue, Coral Gables, Florida 33146

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.

Carol Melvin, Secretary/Treasurer

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

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TALLAHASSEE, FLORIDA
DIVISION OF STATE