

LI6000063092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

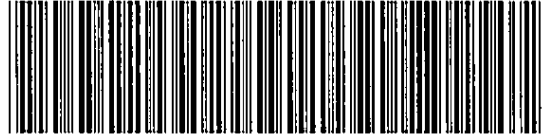
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



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05/02/18--01003--002 **25.00

FILED

18 MAY 21 PM 2:15

CLERK OF STATE
MILWAUKEE COUNTY

K SALY
MAY 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgical Design Partners, 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:

Joseph Gula

(Name of Person)

ONESURG, Inc

(Firm/Company)

9080 58th Drive East, Suite 100

(Address)

Bradenton, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Gula

(Name of Person)

at (941) 993-9349

(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**

FILED
18 MAY 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Surgical Design Partners, LLC

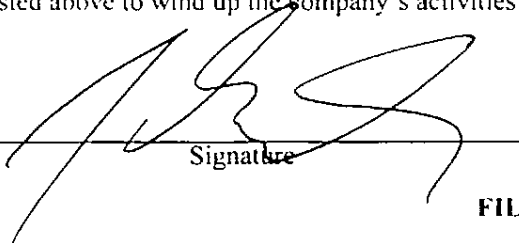
2. The Articles of Organization were filed on 3/29/2016 and assigned
document number L16000063092

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)
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).
Lack or participation and investment resources

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Joseph Gula
9080 58th Drive East Suite 100
Bradenton, FL 34212

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

Joe Gula

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2018

ONESURG, INC
JOSEPH GULA
9080 58TH DR. EAST, STE. 100
BRADENTON, FL 34202

SUBJECT: SURGICAL DESIGN PARTNERS, LLC
Ref. Number: L16000063092

We have received your document for SURGICAL DESIGN PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 918A00009498

RECEIVED

2018 MAY 21 AM 10:00

ARTHER
ON OF CORP
TALLAHASSEE, FL