

L16000169546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

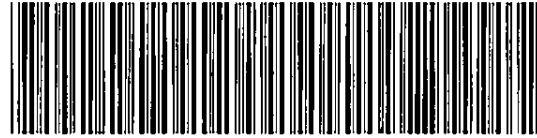
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200426312242

ALLAHASSEE, FLORIDA

2024 MAR 28 AM 9:31

ALLAHASSEE, FLORIDA

REGISTRATION OFFICE

ALLAHASSEE, FLORIDA

2024 MAR 28 AM 11:28

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/28/24
Order #: 1465769-1
Re: Collier Anesthesia Pain, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Processing Method: Routine' line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'AUTH' line.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLIER ANESTHESIA PAIN, 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:

Melissa Williams

(Name of Person)

Surgery Partners

(Firm/Company)

340 Seven Springs Way, Suite 600

(Address)

Brentwood, TN 37037

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Williams at (949) 310-0366

(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2024

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: COLLIER ANESTHESIA PAIN, LLC
Ref. Number: L16000169546

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

#4 Must be completed and #5 list the address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 824A00006802

RECEIVED

2024 APR -5 PM 3:16

REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

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

2024 MAR 28 AM 9:31

1. The name of a limited liability company is

COLLIER ANESTHESIA PAIN, LLC

TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 9/16/2012 and assigned

document number L16000169546

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).

Business is no longer being conducted in FL

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Jennifer Baldock

340 Seven Springs Way, Suite 600, Brentwood, TN 37037

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:

Jennifer Baldock
Signature

Jennifer Baldock
Printed Name

FILING FEE: \$25.00