

12/31/2018

2018-12-31 08:47:40 EST

16144554862 From James Tanks

Division of Corporations

L17000117238

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000367444 3)))



H180003674443ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
SOUTHEAST FLORIDA CLINICALLY INTEGRATED NETWORK,
LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

19 JAN -2 AM 8:55
ALLIANCE OF FLORIDA
SOUTHEAST FLORIDA

FILED

2019 JAN -2 AM 7:57

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 03 2019

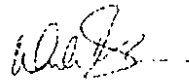
A. LUNT

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

1. The name of a limited liability company is
SOUTHEAST FLORIDA CLINICALLY INTEGRATED NETWORK, LLC
2. The Articles of Organization were filed on May 30, 2017 and assigned
document number L17000117238
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).
The consent of all Members.

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:



Signature

Wael Barsoun, MD

Printed Name

FILING FEE: \$25.00

FILED
19 JAN -2 AM 8:55
CLERK OF STATE
TALLAHASSEE, FLORIDA