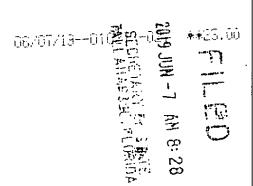
L18 00000 2964

(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



000330119580



Y SULKER JUN 2 1 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CLG DIAGNOSTICS, LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Termination and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KARINA GONZALEZ
Name of Person
THE FLORIDA HEALTHCARE LAW FIRM
Firm/Company
909 SE 5TH AVENUE, SUITE 200
Address
DELRAY BEACH, FL 33483
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KARINA GONZALEZ at (561) 455-7700
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination: FIRST: The name of the limited liability company is: CLG DIAGNOSTICS, LLC
SECOND: The Florida Document number of the limited liability company is: L18000002964
THIRD: The date of filing of the initial articles of organization is: 01/03/2018
FOURTH: The date of filing of the dissolution is: 02/12/2019
FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.
Signature of Authorized Representative Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)