

L18 0000002964

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JUN 21 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

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

Eric Spofford
Typed or printed name of signature

FILED
2019 JUN -7 AM 8:28
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA

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