

L18000202390

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(Address)

(City/State/Zip/Phone #)

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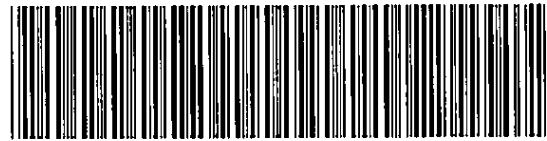
(Business Entity Name)

(Document Number)

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2023 MAY -4 PM 12:31

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DATE: 05/04/23

NAME: LEGACY SURGERY CENTER, LLC

TYPE OF FILING: REVOCATION OF DISSOLUTION

COST: 130.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY SURGERY CENTER, LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SANDRA OSEGUEDA

Contact Person

WEINTRAUB TOBIN

Firm/Company

400 CAPITOL MALL, SUITE 1100

Address

SACRAMENTO, CA 95814

City, State and Zip Code

SOSEGUEDA@WEINTRAUB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

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

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2023 APR -4 PM 12:31
CLERK OF STATE
TALLAHASSEE, FL

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: LEGACY SURGERY CENTER, LLC
2. The document number of the company is L18000202390
3. The effective date the Dissolution was filed is APRIL 24, 2023
4. The revocation of dissolution was authorized on APRIL 24, 2023
5. A copy of the Articles of Dissolution is attached.

By: Marissa Freedman *Marissa Freedman*
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Apr 24, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

LEGACY SURGERY CENTER, LLC

The document number of the limited liability company: L18000202390

The file date of the articles of organization: August 23, 2018

The effective date of the dissolution if not effective on the date of filing: April 24, 2023

A description of occurrence that resulted in the limited liability company's dissolution:

SOLD BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

DARIN JAY HILL
9131 ANSON WAY, SUITE 304
RALEIGH, NC 27615 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DARIN JAY HILL

Electronic Signature of authorized person