

LZ0000025490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

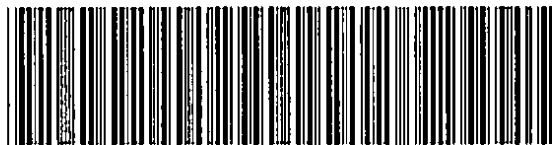
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNOVATION MEDICAL GROUP FLORIDA 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:

Clayton A. Varga

(Name of Person)

Synovation Holdings LLC

(Firm/Company)

224 N. Fair Oaks Avenue Suite 300

(Address)

Pasadena, CA 91103-3618

(City/State and Zip Code)

For further information concerning this matter, please call:

Clayton A. Varga

626

696-1433

at (_____) _____

(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

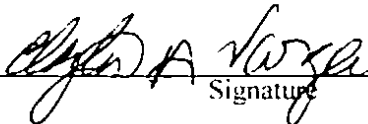
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
SYNOVATION MEDICAL GROUP FLORIDA LLC
2. The Articles of Organization were filed on January 28, 2020 and assigned
document number L20000025490
3. The delayed effective date the dissolution if not effective on the date of filing: October 9, 2020
(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 the members.
The consent of all the members.
The consent of all the 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

Clayton A. Varga

Printed Name

FILING FEE: \$25.00

10. 11 7:50

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SYNOVATION MEDICAL GROUP FLORIDA LLC

Document number of Limited Liability Company is: L20000025490

Date of dissolution was: October 9, 2020

Description of information that must be included in a written claim:

A brief description of the nature of the claim, the date the claim was incurred, and the amount of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

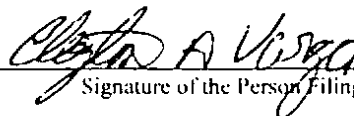
224 N. Fair Oaks Avenue Suite 300

Pasadena, CA 91103-3618

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Clayton A. Varga

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00