

L21000263985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

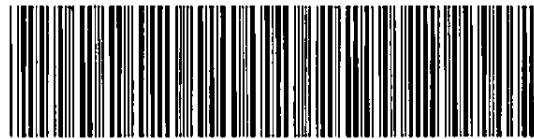
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A3

**CT CORP**  
**(850) 656- 4724**  
**3458 Lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/19/2024

Acc#I20160000072

*en: c DW*

Name:	Cornerstone Surgery Center, LLC
Document #:	
Order #:	15820684

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

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

1. The name of a limited liability company is  
CORNERSTONE SURGERY CENTER, LLC

2. The Articles of Organization were filed on 06/07/2021  
document number L21000263985

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).

An event or circumstance that the operating agreement states causes dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Ladd Mark, 569 Brookwood Village, Suite 901, Birmingham AL 35209

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

Ladd Mark

Printed Name

**FILING FEE: \$25.00**

**FILED**  
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