

L22000184237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

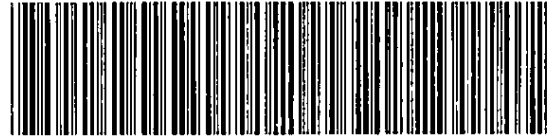
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



200405823872

04/25/23--01015--022 \*\*25.00

RECEIVED  
2023 APR 25 PM 12:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

A. DUNN  
APR 26 2023

2023 APR 25 PM 12:56

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

25

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** Cat 4/25

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**DISSOLUTION**

**1. BELLAGIU SURGICAL CENTER II LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. The name of a limited liability company is  
BELLAGIU SURGICAL CENTER II LLC

2023 MAR 25 PM 12: 52

2. The Articles of Organization were filed on April 18, 2022 and assigned  
document number L22000184237

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).  
All Members have consented to the dissolution of the Company.

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

2310 South Dixie Highway

Coconut Grove, Florida 33133

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:

/s/ Constantino G. Mendieta  
Signature

Constantino Mendieta  
Printed Name

**FILING FEE: \$25.00**