

L97000000587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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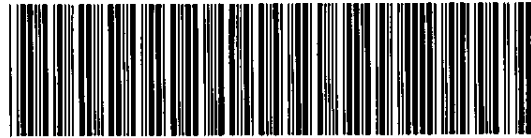
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

1. B. B. B. NOV 19, 2003



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 888668 5153708

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : November 18, 2013

ORDER TIME : 12:42 PM

ORDER NO. : 888668-030

CUSTOMER NO: 5153708

DOMESTIC FILINGS

NAME: MIAMI ARTIFICIAL KIDNEY CENTER
L.C.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is
MIAMI ARTIFICIAL KIDNEY CENTER, L.C.

2. The Articles of Organization were filed on 05/29/1997 and assigned document number
L97000000587

3. The date the dissolution was approved: 11/08/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Written consent of the majority in interest of the limited liability company.

5. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature: [Handwritten Signature]

Printed Name

Brenda Spira, Manager of St. Augustine Dialysis
Facility Corporation, Its Member