

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L99000007969

Summerlin Bend
Surgery Center, LLC

300003508753--2
-12/20/00-01033-033
*****55.00 *****55.00

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

☒ Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

APPROVED
AND
FILED

00 DEC 20 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 DEC 20 AM 10:56
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 20, 2000

CAPITAL CONNECTION, INC.

SUBJECT: SUMMERLIN BEND SURGERY CENTER, L.L.C.
Ref. Number: L99000007969

We have received your document for SUMMERLIN BEND SURGERY CENTER, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following:

The effective day must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 800A00063893

APPROVED
AND
FILED
00 DEC 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is SUMMERLIN BEND SURGERY CENTER, L.L.C.
2. The effective date of the limited liability company's dissolution is 12-20-00
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 6208.441 on back of cover letter).

Entity never activated.

4. **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.

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

6. **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



Typed or Printed Name

Steven E. Holberg, DPM

Filing Fee: \$25.00

00 DEC 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED