

L1000000 6312

(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



000314728890

06/21/19--01002--015 **25.00

FILED
2019 JUN 21 A 6:41
MILWAUKEE DISTRICT

6211575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCG MEDICAL CENTER GROUP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE SALCEDO, ESQ

Name of Person

SALCEDO ATTORNEYS AT LAW P.A.

Firm/Company

200 S BISCAYNE BLVD.

Address

MIAMI, FL 33130

City/State and Zip Code

jsalcedo@lawjsh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ at (305) 3750640
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

2010 JUN 21 A 6:41

FILED

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: MCG MEDICAL CENTER GROUP, LLC

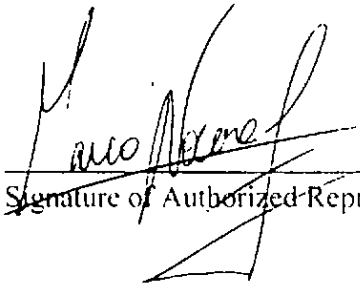
SECOND: The Florida Document number of the limited liability company is: L10000006312

THIRD: The date of filing of the initial articles of organization is: 01/19/2010

FOURTH: The date of filing of the dissolution is: 06/08/2018

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

FILED
2018 JUN 21 A 6:41
TALLAHASSEE, FLORIDA



Signature of Authorized Representative

Marco Nocera

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)