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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)	_		
PICK-UP	WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
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Carellin J.

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/04/2022

Date:

	Acc#I20160000072		
Name:	Transitions Florida IV LLC		
Document #:			
Order #:	14620446		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:	Country of Destination: Number of Certs:		
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00		

Thank you!

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Transitions Florida IV LLC					
(Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing				
	all correspondence concerning this matter to	•				
	Matthew Friendly					
	(Name of Person)					
	McDermott Will & Emery LLP					
	(1-4)	mr Company I				
	333 SE 2nd Avenue, Suite 4500					
	(Address)					
	Miami, FL 33131					
	(City/St	ate and Zip Code)				
For further int	ormation concerning this matter, please call	! :				
Betty	y Brito	305 at (347-6538			
	(Name of Person)	(Area C	ode & Daytime Telephone Number)			
Enclosed is a ch	neck for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	ing Address:	Street Address				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	of Tallahassee			
		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liabil	ity company is	Z[22] "'-4 <i> </i> " 9: 36			
2.	The Articles of Organizatio	n were filed on September 21, 2021	and assigned			
	document numberL21000-					
3.	(effective Note: If the date inserted in t	ate the dissolution if not effective on the date of filing: etive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be 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 05.0707. Florida Statutes, (copy 605.0707 on back cover letter).					
	Consent of the sole member of	the company				
	Consent of the sole member of	the company				
5.	If there are no members, en	ter the name and address of the person ap	ppointed to wind up the company's			
	activities and affairs:	Transition Intermediate Holdings, LLC				
		1551 Bond Street, Suite 143				
		Naperville, IL 60563				
6. ab	Signature of an authorized pove to wind up the company	person or if there are no members, the signs activities and affairs:	nature of the person appointed and listed			
	James Pale	Jim Dale, Author	orized Person			
	Signature		Printed Name			

FILING FEE: \$25.00