

AT1000000201

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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SECRETARY OF STATE
THE RESIDENCE AT WESTLAKE MANAGEMENT 2 LP
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01-3
Estimated Charge	\$77.50

M. Hager

APR 23 2018

J ALBRITTON



April 20, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE RESIDENCE AT WESTLAKE MANAGEMENT 2 LP
153-90 ROCKAWAY BLVD
JAMAICA, NY 11434

SUBJECT: THE RESIDENCE AT WESTLAKE MANAGEMENT 2 LP
REF: A17000000201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: E18000123017
Letter Number: 818A00008056

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESUBMISSION

(((H18000123017 3)))

EFFECTIVE DATEApril 23, 2018

**Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
THE RESIDENCE AT WESTLAKE MANAGEMENT LLC	FLORIDA	LLC

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SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
THE RESIDENCE AT WESTLAKE MANAGEMENT 2 LP	FLORIDA	LIMITED PARTNERSHIP

THIRD: The date the merger is effective under the governing laws of the surviving party is: 4/23/2018.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: _____

Mailing address: _____

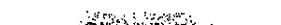
SIXTH: Other provisions, if any, relating to the merger:

The following general partner will be removed from the record of the surviving party:
THE RESIDENCE AT WESTLAKE MANAGEMENT LLC
GENERAL PARTNER
153-90 ROCKAWAY BLVD.
JAMAICA, NY 11434

The following general partner will be added to the record of the surviving party:
DANIEL RABINOWITZ
GENERAL PARTNER
153-90 ROCKAWAY BLVD.
JAMAICA, NY 11434

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
THE RESIDENCE AT WESTLAKE MANAGEMENT LLC		DANIEL RABINOWITZ
THE RESIDENCE AT WESTLAKE MANAGEMENT 2 LP		DANIEL RABINOWITZ