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J SHIVERS

COVER LETTER

TO:

Registration Section
Division of Corporations

Washington County Convalescent Center Operations, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth P. Gummels, President

(Name of Person)

Paragon Investments, Inc.

(Firm/Company)

PO Box 27790

(Address)

Panama City, FL 32411-7790

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Gummels

,, 850

233-8800

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liab Washington County Conva	oility company is descent Center Operations,	LLC		
2. The Articles of Organizati	ion were filed on08/24	3/2001 and assigned		
document numberL010 (000 14731			
3. The delayed effective date (effecti Note: If the date inserted is listed as the document's effective date.	ve date cannot be prior to or ment this block does not meet the	ore than 90 days later than date document is received for filing) he applicable statutory filing requirements, this date will not b		
4. A description of occurrence 605.0707, Florida Statutes No longer doing business	ce that resulted in the lim , (copy 605.0707 on back	nited liability company's dissolution pursuant to section cover letter).		
	 	16 AF		
5. If there are no members, e activities and affairs:	enter the name and address Kenneth P. Gummels	ss of the person appointed to wind up the company s		
	Paragon Investments,	Ltd. CS		
	PO Box 27790	24 ATE RIDA		
	Panama City, FL 324	Panama City, FL 32411-7790		
6. Signature of an authorized listed above to wind up the c	l person or if there are no ompany's activities and a	o members, the signature of the person appointed and affairs:		
Zenneth /	Lunu S	Kenneth P. Gummels, President		
Signature		Printed Name		

FILING FEE: \$25.00