

L020000013766

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL
SENIOR HEALTH-TLTC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

REC
15 FEB 26 AM 10:00
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TALLAHASSEE, FLORIDA

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FEB 27 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Health - TLTC, 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:

Aaron Hill

(Name of Person)

DLA Piper LLP (US)

(Firm/Company)

500 8th St., NW

(Address)

Washington, DC 20004

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Hill at (202) 799-4219

(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**

1. The name of a limited liability company is
Senior Health - TLTC, LLC

2. The Articles of Organization were filed on 5/31/02 and assigned
document number L02000013766

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)


4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Voluntary cessation of business activities.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Howard Jaffe

Two Bala Plaza, Suite 300

Bala Cynwyd, PA 19004

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

Howard Jaffe

Printed Name

FILING FEE: \$25.00

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