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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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K. SALY  
EXAMINER


OCT 14 2015

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do not separate  
\*please\*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 828574 7175508

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : October 12, 2015

ORDER TIME : 3:34 PM

ORDER NO. : 828574-015

CUSTOMER NO: 7175508

DOMESTIC FILINGS

NAME: LAKESHORE UNIVERSITY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKESHORE UNIVERSITY, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

BECKY JO MORGAN, PARALEGAL

Contact Person

LEVENFELD PEARLSTEIN, LLC

Firm/Company

2 N. LASALLE STREET, SUITE 1300

Address

CHICAGO, IL 60602

City, State and Zip Code

gshabat@lakeshoremhc.com

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

For further information concerning this matter, please call:

BECKY JO MORGAN, PARALEGAL

at (312)

476-7594

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

CR2E106 (07/14)

FILED  
2015 OCT 13 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Conversion  
For  
Florida Limited Liability Company  
Into  
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

LAKE SHORE UNIVERSITY, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

LAKE SHORE UNIVERSITY, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,  
general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

on OCTOBER 12, 2015  
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: OCTOBER 12, 2015.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 8800 N. BRONX AVENUE  
SKOKIE, IL 60077  
Mailing Address: 8800 N. BRONX AVENUE  
SKOKIE, IL 60077

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this \_\_\_\_\_ day of OCTOBER, 2015

Signature: \_\_\_\_\_

Must be signed by a Member or Authorized Representative

Printed Name: JOSEPH I. WOLF Title: AUTHORIZED REPRESENTATIVE OF MEMBER

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

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TALLAHASSEE, FLORIDA