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MAR 2 3 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 560367 7928165

AUTHORIZATION

COST LIMIT \$ 25.00 here

ORDER DATE: March 17, 2017

ORDER TIME : 10:56 AM

ORDER NO. : 560367-510

CUSTOMER NO: 7928165

DOMESTIC FILINGS

NAME: CHC-CLP LAND HOLDING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

CHC-CLP Land Holding, 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:

Kimberly Ruggiero

(Name of Person)

Health Care Navigator, LLC

(Firm/Company)

4 West Red Oak Lane, Suite 201

(Address)

White Plains, NY 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero

914

390-4325

(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 CHC-CLP Land Holding, LLC	
2.	The Articles of Organization were filed on 08/24/2004 and assigned	
	document number	
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) 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.	
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).	
	No on going business activities	
5,	If there are no members, enter the name and address of the person appointed to wind up the company's	7
	activities and affairs:	S S S S S S S S S S S S S S S S S S S
	COST IN THE COST OF THE COST O	Š
		.")
)
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:	
	Mitchell Starer	
	Signature Printed Name	

FILING FEE: \$25.00