

10/25/2018

Division of Corporations

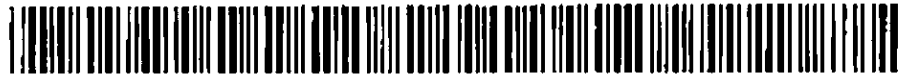
Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
WELLINGTON LIFE CARE ASSOCIATES, LLC**

Certificate of Status	0
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Page Count	02
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**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

WELLINGTON LIFE CARE ASSOCIATES, LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is WELLINGTON LIFE CARE ASSOCIATES, LLC (the "Company").

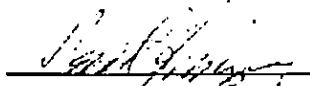
2. The Articles of Organization were filed with the Florida Department of State on September 28, 2005 and assigned Document Number L05000095261.

3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by Written Consent of the Majority Members' Representative of the Company, dated as of October 4, 2018.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of October 25, 2018.

MAJORITY MEMBERS' REPRESENTATIVE:

Greenwood Partners Limited Partnership

By: 
Name: Paul J. Green
Title: Managing Partner

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: WELLINGTON LIFE CARE ASSOCIATES, LLC

Document Number of Limited Liability Company: L05000095261

Date of Dissolution: The date the Articles of Dissolution are filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a written claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where written claims can be sent: A claim submitted pursuant to this Notice must be in writing and shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Wellington Life Care Associates, LLC, C/O Joseph G. Santoro, 777 S. Flagler Drive, Suite #500 East, West Palm Beach, FL 33401.

A claim against WELLINGTON LIFE CARE ASSOCIATES, LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MAJORITY MEMBERS' REPRESENTATIVE:

Greenwood Partners Limited Partnership

By: [Signature]
Name: Paul Fireman
Title: Partner