

LO7000101979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

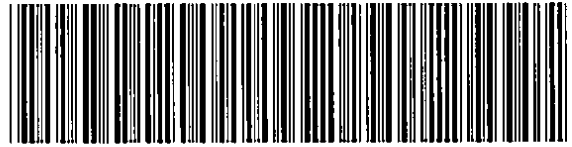
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JUN 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/23/2025

Acc#120160000072

en: c DW

Name:	FKP Senior Living Tenant Holdings LLC
Document #:	
Order #:	16385402

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
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Amount: \$ **55.00**

Thank you!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 JUN 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
FKP Senior Living Tenant Holdings LLC

2. The Articles of Organization were filed on 10/05/2007 and assigned
document number L07000101979

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).

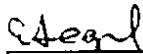
The purpose of the LLC is complete.

The purpose of the LLC is complete.

The purpose of the LLC is complete.

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

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

Erica Segal

Printed Name

FILING FEE: \$25.00