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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
UNIVERSITY WEST REHABILITATION CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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O SIMPONS
APR 17 2020

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
UNIVERSITY WEST REHABILITATION CENTER, LLC
2. The Articles of Organization were filed on 9/19/08 and assigned
document number L08000089232
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).
Company ended

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jason Wald
1665 Palm Beach Lakes Blvd.
Ste. 0400
West Palm Beach, FL 33401
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

2020 APR 16 AM 11:27