

LOG 000086041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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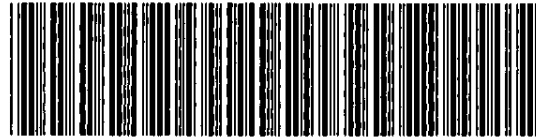
(Business Entity Name)

(Document Number)

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APR 30 2012

EXAMINER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 APR 27 PM 4:18

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 184712 4804708

AUTHORIZATION :

COST LIMIT *Lyndee Saloman*

ORDER DATE : April 27, 2012

ORDER TIME : 12:41 PM

ORDER NO. : 184712-010

CUSTOMER NO: 4804708

DOMESTIC FILINGS

NAME: CLOISTERS 622, LLC

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XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 2920

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

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

1. The name of a limited liability company is  
CLOISTERS 622, LLC

2. The Articles of Organization were filed on September 4, 2009 and assigned document number  
L09000086041

3. The date the dissolution was approved: upon filing

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).  
The business of the company has been terminated.

5. CHECK ONE:

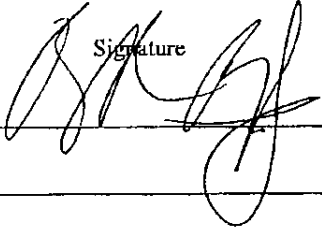
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
Bruce R. Berkowitz  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**

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