

Division of Corporations

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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  
KH MED CREEK LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF DISSOLUTION  
FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**KH MED CREEK 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 KH MED CREEK LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on August 8, 2011 and assigned Document Number L11000090975.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by Written Consent of the Sole Member of the Company, dated as of April 25, 2016.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the sole member of the Company.
6. There are no suits pending against the Company in any court.

**IN WITNESS WHEREOF**, the undersigned hereby executes these Articles of Dissolution as of the 25<sup>th</sup> day of April, 2016.

**MANAGER:**

**THE KOLTER GROUP LLC**

/s/ William Johnson

By: \_\_\_\_\_

Name: William Johnson

Title: Manager

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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 Limited Partnership:** KH MED CREEK LLC.

**Document Number of Limited Liability Limited Partnership:** L11000090975.

**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 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 claims can be sent:** A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: The Kolter Group LLC, 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401, Attention: Kevin Voller.

A claim against KH MED CREEK LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**MANAGER:**

**THE KOLTER GROUP LLC**

/s/ William Johnson

By: \_\_\_\_\_

Name: William Johnson

Title: Manager