Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004655563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A. Account Name

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

LLC DISSOLUTION OR WITHDRAWAL

. CARTER VALIDUS REIT MANAGEMENT COMPANY II, LLC

36	===
ų: 32	11 11810
AT C	
2021 DEC 22	TALL ABLESTE

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000465556

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability Carter Validus REIT Manage	*		.
2.	The Articles of Organization	were filed on 06/01/2012	and assigned	
	document number L1200007	3669		
3.	Note: If the date inserted in the	e dissolution if not effective on the d date cannot be prior to or more than 90 days le is block does not meet the applicable sta ive date on the Department of State's rec	ater than date document is received for fill tutory filling requirements, this date wil	
4.	A description of occurrence 605.0707, Florida Statutes, (c	hat resulted in the limited liability coopy 605.0707 on back cover letter).	ompany's dissolution pursuant to se-	etion
	Company ceased do	ing business		<u> </u>
5.	If there are no members, enter activities and affairs:	er the name and address of the person David L. Koche	appointed to wind up the company	 ·'s
		Barnett Kirkwood Koche Long & Fo	ster	_
		601 Bayshore Boulevard, Suite 700	1	_
		Tampa, FL 33606	V = = = = = = = = = = = = = = = = = = =	<u> </u>
6. at	Signature of an authorized pove to wind up the company'	erson or if there are no members, the s activities and affairs:	signature of the person appointed a	nd4tisted
		David L. Ko	SSE	DEC 22 P
	Signature		'	
	\bigcirc	FILING FEE: \$25.00	Printed Name C STATE ORIGINAL	2: 06