

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : STONELEIGH COMPANIES, LLC
 Account Number : I20120000016
 Phone : (224) 770-4600
 Fax Number : (847) 628-0486

LLC DISSOLUTION OR WITHDRAWAL
STONELEIGH MANAGER SCPI, LLC

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stoneleigh Manager SCPI, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelley Lynch

(Name of Person)

Stoneleigh Companies, LLC

(Firm/Company)

760 West Main Street, Suite 140

(Address)

Barrington, IL 60010

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelley Lynch

(Name of Person)

at 224 770-4600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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1. The name of a limited liability company is
Stoneleigh Manager SCPI, LLC
2. The Articles of Organization were filed on October 30, 2012 and assigned
document number L12000137811
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
Property sold
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Richard Cavanaugh
760 West Main Street, Suite 140
Barrington, IL 60010
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

Richard F. Cavanaugh, Manager
Printed Name

FILING FEE: \$25.00