

Florida Department of State  
Division of Corporations  
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From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
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LLC DISSOLUTION OR WITHDRAWAL  
LAKEVIEW CARE LLC

Certificate of Status	0
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Electronic Filing Menu

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Help

H18000361818 3

H18000361818 3

**ARTICLES OF DISSOLUTION  
FOR A  
FLORIDA LIMITED LIABILITY COMPANY  
  
LAKEVIEW CARE 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 LAKEVIEW CARE LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on May 7, 2013, and assigned Document Number L13000067052.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by written consent of the holders of all of the issued and outstanding membership interests in the Company (the "Members"), dated as of December 20, 2018.
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 Members.
6. There are no suits pending against the Company in any court.

**IN WITNESS WHEREOF**, the undersigned hereby execute these Articles of Dissolution as of the 20th day of December, 2018.

**MANAGER:**

TREMONT PARTNERS, LLC

By: Kenneth Z. Slater  
Kenneth Z. Slater, 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 Company:** LAKEVIEW CARE LLC

**Document Number of Limited Liability Company:** 113000067052.

**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: LAKEVIEW CARE LLC, 639 E Ocean Avenue, Suite 309, Boynton Beach, Florida 33435.

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

**MANAGER:**

TREMONT PARTNERS, LLC

By: Kenneth Z. Slater  
Kenneth Z. Slater, Manager