

L14000099512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

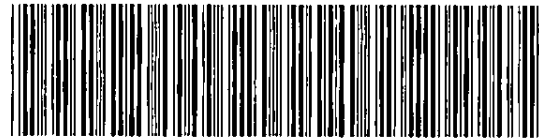
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FILED

2023 JAN -3 AM 10:52

2023 JAN -3 PM 11:20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 297614 7578406

AUTHORIZATION

COST LIMIT \$25.00

ORDER DATE : December 29, 2022

ORDER TIME : 4:37 PM

ORDER NO. : 297614-005

CUSTOMER NO: 7578406

2023 JAN 13 10:15:03

17:47:00

DOMESTIC FILINGS

NAME: CHHS FL INVESTMENT FUND II,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHHS FL INVESTMENT FUND II, 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:

(Name of Person)

Corporation Service Company

(Firm/Company)

(Address)

(City/State and Zip Code)

2023 JAN -3 AM 10:53

FILED

For further information concerning this matter, please call:

Xiu Ming Gao, Esq., Duane Morris LLP

212 471-1850

at ()

(Name of Person)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2023 JAN -3 AM 10:53

1. The name of a limited liability company is
CHHS FL INVESTMENT FUND II, LLC

2. The Articles of Organization were filed on June 20, 2014 and assigned
document number L14000099512

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Sole member consented.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Rafael Iglesias, as President
c/o Little Havana Activities & Nutrition Centers of Dade County, Inc., as Manager
700 SW 8th St.
Miami, FL 33130

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

Rafael Iglesias
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CHHS FL INVESTMENT FUND II, LLC

Document number of Limited Liability Company is: L14000099512

Date of dissolution was: The date of dissolutions shall be the date the Company's Articles of Dissolution are filed with the Florida Department of State, Division of Corporations.

Description of information that must be included in a written claim:

(i) a reasonable description of the claim, including the amount claimed and circumstances surrounding the claim; (ii) the identity of the claimant; and (iii) the mailing address of the claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Rafael Iglesias, as President

c/o Little Havana Activities & Nutrition Centers of Dade County, Inc., as Manager

700 SW 8th St.

Miami, FL 33130

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rafael Iglesias

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2023 JAN -3 11:10:53