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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Coomess 2mm, name,			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

Registration Section Division of Corporations

TO:

(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: ZEV SHAPOSHNICK (Name of Person) EVEREST REALTY INVESTMENT GROUP LLC (Firm/Company) 409 BALA CIRCLET (Address) BALA CYNWYD. PA 19004 (City/State and Zip Code) For further information concerning this matter, please call: ZEV SHAPOSHNICK (Name of Person) Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S55.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations	SUBJECT:	EVEREST LAUREL PARK HOLDING	GS LLC
Please return all correspondence concerning this matter to the following: ZEV SHAPOSHNICK		(Name of Limit	ed Liability Company)
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A09 BALA CIRCLET (Address)		(Nar	ne of Person)
### Address Address		EVEREST REALTY INVEST	MENT GROUP LLC
BALA CYNWYD, PA 19004 (City/State and Zip Code) For further information concerning this matter, please call: ZEV SHAPOSHNICK		(Fin	nı/Company)
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(City/State and Zip Code) For further information concerning this matter, please call: ZEV SHAPOSHNICK		(Addres	ss)
Enclosed is a cheek for the following amount: Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Division of Corporations CEV SHAPOSHNICK		BALA CYNWYD, PA 1900	04
ZEV SHAPOSHNICK at (215 350 - 1500 215 21		(City/Sta	ate and Zip Code)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a cheek 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 Registration Section Division of Corporations Division of Corporations	For further info	ormation concerning this matter, please call	:
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S25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations		(Name of Person)	
Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Enclosed is a chr	eek for the following amount:	
Registration Section Registration Section Division of Corporations Division of Corporations	\$25.00	Filing Fee and Certificate of Dissolution	
Division of Corporations Division of Corporations			
·			-
1.0. DON VOLT		•	The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Talla	hassee, FL 32314	"

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is EVEREST LAUREL PARK HOLDINGS LLC
2.	The Articles of Organization were filed on 08/04/2017 and assigned
	document number <u>L17000166351</u>
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).
	CONSENT OF ALL THE MEMBERS
	DZ3 HAY 18
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	ZEV SHAPOSHNICK
	Signature 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.

ZEV SHAPOSHNICK Printed Name of the Person Filing	Signature of the Person Filing
claim is commenced within 4 years after	
A claim against the above named limited	d liability company will be barred unless a proceeding to enforce the
BALA CYNWYD,	PA 19004
	D. 10004
409 BALA CIRCLE	
409 BALA CIRCLE	· · · · · · · · · · · · · · · · · · ·
·	nt: (Claims cannot be sent to the Division of Corporations) Y INVESTMENT GROUP LLC
	2:
	PH
	2623 HAY 18
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Description of information that must be	included in a written claim:
Date of dissolution was:	
Document number of Limited Liability (Company is: L17000166351
Name of Limited Liability Company:	
N1	

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