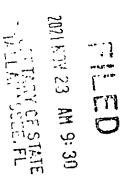
L18000227707

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





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2021 NOV 23 PM 4: 35

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM

Account#: 12000000088

Date: November 23, 2021		Account#: 1200000000	
Name: David S	Shulman		
Reference #:	1528805	_	
Entity Name:	ARBOR	TRAIL GP II, LLC	
Articles of Incorpo	oration/Authorization	to Transact Business	
Amendment			
☐ Change of Agent		ISSUES? CALL	
Reinstatement		David:	
Conversion		850-270 - 0082	
Merger			
Dissolution/Without	Irawal		
Fictitious Name			
Other			
Authorized Amount:	\$25.00		
Signature:	David Shulman		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The nam	e of a limited liab	oility company is			
		ARBOR TRA	AL GP II, LLC	······································	
2. The Artic	cles of Organizati	ion were filed on	9/26/2018	and assigned	
documen	t number	L18000227707	_		
Note: If	the date inserted in	the dissolution if not eff we date cannot be prior to or m this block does not meet the ective date on the Departme	ore than 90 days later than d le applicable statutory fili	ling: ate document is received for filing) ng requirements, this date will not	: be
4. A descrip 605.0707,	tion of occurrence Florida Statutes,	te that resulted in the lim (copy 605.0707 on back	ited liability company's cover letter).	dissolution pursuant to section	'n
		The entity is no	longer needed.		
					1. 23 AM 9
6. Signature listed above t	o wind up the co	person or if there are no mpany's activities and af	members, the signature fairs:	of the person appointed and	; 30
John				nderes, Treasurer	
	Signature		Print	ed Name	

FILING FEE: \$25.00