

L19 000 235394

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

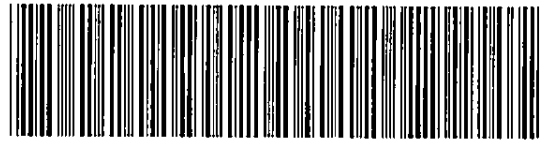
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MAY - 6 2024

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FILED
2024 MAY -3 AM 10:14
RECEIVED
2024 MAY -3 PM 4:01
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/03/2024

Acc#120160000072

en: c DW

Name:	Madison SNF Operations Holdings LLC
Document #:	
Order #:	15538577 - 3

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Updater _____
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Ref# _____

Amount: \$	25.00
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Registration Section
Division of Corporations

CT: MADISON SNF OPERATIONS HOLDINGS LLC
(Name of Limited Liability Company)

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

return all correspondence concerning this matter to the following:

Daniel Chasant	(Name of Person)
UB Greensfelder LLP	(Firm/Company)
1660 W 2nd St, Ste 1100	(Address)
Cleveland, OH 44113	(City/State and Zip Code)

her information concerning this matter, please call:

[illegible]

d 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**

FILED
2024 MAY -3 AM 10:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MADISON SNF OPERATIONS HOLDINGS LLC

2. The Articles of Organization were filed on 09/20/2019 and assigned
document number L19000238394

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).

The consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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:

/s/Daniel A. Gottesman

Signature

Daniel A. Gottesman, Authorized Person

Printed Name

FILING FEE: \$25.00