

L19000238555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

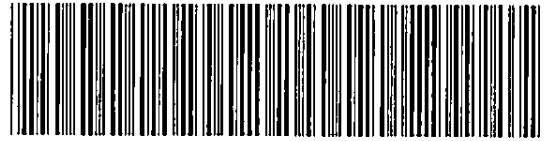
(Document Number)

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J. HORNE  
MAY - 6 2024

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FILED  
2024 MAY -3 AM 10:20  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAY -3 PM 4:02  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**Date:** 05/03/2024

Acc#120160000072

*en: c DW*

Name:	Scott Lake SNF Operations Holdings LLC
Document #:	
Order #:	15538577 - 7

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

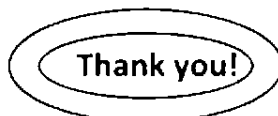
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	25.00
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCOTT LAKE SNF OPERATIONS HOLDINGS 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:

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)

For further information concerning this matter, please call:

Daniel Chasant

\_\_\_\_\_  
(Name of Person)

216

583-7030

at (\_\_\_\_\_) \_\_\_\_\_

(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**

FILED  
2024 MAY -3 AM 10:21  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SCOTT LAKE SNF OPERATIONS HOLDINGS LLC
2. The Articles of Organization were filed on 09/20/2019 and assigned  
document number L19000238555
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**