

L19000238575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

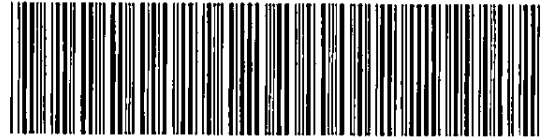
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE
MAY - 6 2024

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FILED
2024 MAY -3 AM 10:23

STATE

RECEIVED
2024 MAY -3 PM 4:02
REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

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

Date: 05/03/2024
Acc#120160000072

mic DW

Name:	Surrey Place SNF Operations Holdings LLC
Document #:	
Order #:	15538577 - 9

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:	

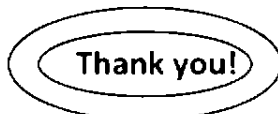
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

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: SURREY PLACE 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 Chastant	(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 Chastant 216 583-7030
 _____ 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**

FILED
2024 MAY -3 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SURREY PLACE SNF OPERATIONS HOLDINGS LLC
2. The Articles of Organization were filed on 09/20/2019 and assigned
document number L19000238575
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