

L20000358407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

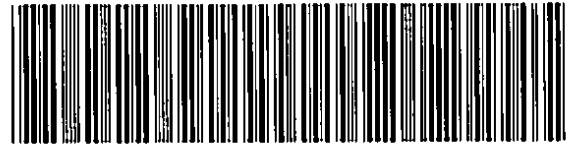
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300374984973

RECEIVED
2021 DEC -1 AM 11:35
ALABAMA

FILED
2021 DEC -1 AM 9:50
TAYLOR STATE
TALLADEGA, FL

Y SULKER

DEC 09 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 272779 8285237

AUTHORIZATION

COST LIMIT : \$ 55.00

ORDER DATE : November 30, 2021

ORDER TIME : 10:11 AM

ORDER NO. : 272779-035

CUSTOMER NO: 8285237

DOMESTIC FILINGS

NAME: LHK 2216 PARK MANAGER LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LHK 2216 Park Manager 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:

Christopher Perre

(Name of Person)

Life House

(Firm/Company)

110 E. 25th St.

(Address)

New York, NY 10010

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Perre

(Name of Person)

212

7314678

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**

1. The name of a limited liability company is

LHK 2216 Park Manager LLC

2. The Articles of Organization were filed on 11/12/20 and assigned

document number L20000358407

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).

LLC properly registered with State of DE; not needed in FL.

LLC properly registered with State of DE; not needed in FL.

LLC properly registered with State of DE; not needed in FL.

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:

Chris Perre

Signature

Christopher Perre

Printed Name

FILING FEE: \$25.00

FILED
2021 NOV 11 AM 9:50
STATE
OF FLORIDA

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.

Name of Limited Liability Company: LHK 2216 PARK MANAGER LLC

Document number of Limited Liability Company is: L20000358407

Date of dissolution was: 11/30/2021

Description of information that must be included in a written claim:

Name of Entity/Individual, Amount of Claim, Basis of Claim, Evidence of Claim, Contact Address,

Contact Phone Number, Contact Email.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Life House

110 E. 25th St.

New York, NY 10010

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Christopher Perre

Printed Name of the Person Filing

Chris Perre

Signature of the Person Filing

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