-21000013530

(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		
Q. SILAS		
APR 2 8 2022		

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 642437 5168766 AUTHORIZATION COST LIMIT ORDER DATE: April 27, 2022 ORDER TIME : 2:04 PM ORDER NO. : 642437-025 CUSTOMER NO: 5168766 DOMESTIC FILINGS NAME: CLERMONT NH LLC XX _ ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS:

COVER LETTER

Clermont NH LLC	
SUBJECT: (Name o	f Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jacqueline Price	
	(Name of Person)
Clermont NH LLC	
	(Firm/Company)
152 West 57th Street, 60th Floo	or
	(Address)
New York, NY 10019	
- ((City/State and Zip Code)
For further information concerning this matter, plea	ase call:
Andrea Saullo	212 649-9700
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee and Certificate of Dissolution	n ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810
	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 1027 APR 27 PM 7: 06

The name of a limited liability compa Clermont NH LLC	iny is	SECRETARY OF STATE TALLAHASSEE, FL	
2. The Articles of Organization were file	ed on 1/15/2021	and assigned	
document number L21000013530			
	t be prior to or more than 90 days la loes not meet the applicable stat	iter than date document is received for filing) utory filing requirements, this date will not be	
4. A description of occurrence that resul 605.0707. Florida Statutes, (copy 605.	ted in the limited liability co. 0707 on back cover letter).	mpany's dissolution pursuant to section	
The LLC is not longer doing t	business and has completed i	ts activity.	
		 	
5. If there are no members, enter the nan activities and affairs:	ne and address of the person	appointed to wind up the company's	
6. Signature of an authorized person or i above to wind up the company's activities	f there are no members, the ses and affairs:	signature of the person appointed and listed	
OccuSigned by:			
Jacqueline Prico —9800ADC3E:0348A	Jacqueline f		
Signature		Printed Name	

FILING FEE: \$25.00