(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:				
J. HORNE APR 28 2022				

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 642437 5168766			
AUTHORIZATION: GREBOLE HOLD			
COST LIMIT : \$ 25.00			
ORDER DATE : April 27, 2022			
ORDER TIME : 2:05 PM			
ORDER NO. : 642437-030			
CUSTOMER NO: 5168766			
DOMESTIC FILINGS			
NAME OF STREET AND STREET			
NAME: LAKE GIBSON 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

то:	Registration Section Division of Corporations				
SUBJI	Lake Gibson NH LLC				
(Name of Limited Liability Company)					
	closed Articles of Dissolution and fee(s) are subm	-			
ricase	return all correspondence concerning this matter t	o the following.			
	Jacqueline Price				
(Name of Person)					
	Lake Gibson NH LLC				
	(Firm/Company)				
	152 West 57th Street, 60th Floor				
	(Address)				
	New York, NY 10019				
	(City/S	itate and Zip Code)			
For fur	ther information concerning this matter, please ca	II:			
	Andrea Saullo	212 649-9700			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
ĺ	☐ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Signature

FILING FEE: \$25.00

Printed Name

Registration Section

TO:

COVER LETTER

Division of Corporations				
USUBJECT:	Lake Gibson NH LLC ECT: (Name of Limited Liability Company)			
Substitution _				
The sectored	Amialas of Disculudes and Carlo and antend			
i ne enclosed i	Articles of Dissolution and fee(s) are submi-	tted for filing.		
Please return a	all correspondence concerning this matter to	the following:		
	Jacqueline Price			
(Name of Person)				
Lake Gibson NH LLC				
(Firm/Company)				
	152 West 57th Street, 60th Floor			
(Address)				
	New York, NY 10019			
	(City/Sta	ate and Zip Code)		
For further inf	ormation concerning this matter, please call	:		
Andr	rea Saullo	212 649-9700		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a ch	eck for the following amount:			
☐ \$ 25.0	0 Filing Fee and Certificate of Dissolution	☐ \$55,00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee		
	ahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		