## L22000050447

| (Requestor's Name)   |
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| (City/State/Zip/Phone #)   |
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| PICK-UP WAIT MAIL  |
|  |
| (Business Entity Name)   |
|  |
| (Document Number)  |
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| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
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Office Use Only



900394893409

2022 SEP 22 PH 3: 16

2022 SEP 22 AM 10: 30 SECTE LARY SEE, FALL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                                      |
|--|
| REFERENCE : 968521 4338256                                     |
| AUTHORIZATION: Symulocle man                                   |
| COST LIMIT : \$55-00   |
| ORDER DATE : September 22, 2022                                |
| ORDER TIME : 1:45 PM   |
| ORDER NO. : 968521-005   |
| CUSTOMER NO: 4338256   |
|  |
| DOMESTIC FILINGS   |
|  |
| NAME: SARATOGA WELLINGTON LLC                                  |
|  |
|  |
| XX ARTICLES OF DISSOLUTION                                     |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Eyliena Baker - EXT#                           |

EXAMINER'S INITIALS:

## **COVER LETTER**

| IQ:         | Division of Corporations                          |   |
|-------------|---|---|
| SUBJEC      | Saratoga Wellington LLC                           |   |
| JUBBLE      |   | ited Liability Company)   |
| The encl    | osed Articles of Dissolution and fee(s) are subm  | itted for filing.   |
| Please re   | turn all correspondence concerning this matter to | o the following:  |
|             | Laura-Jayne Urso                                  |   |
|             | (Na   | une of Person)  |
|             | Kirkland & Ellis LLP                              |   |
|             | (Fi   | rm/Company)   |
|             | 601 Lexington Avenue                              |   |
|             |   | (Address)   |
|             | New York, NY 10022                                |   |
|             | (City/St  | ate and Zip Code)   |
| For furthe  | er information concerning this matter, please cal | l:  |
|             | Laura-Jayne Urso                                  | 212 446-4910<br>at()  |
| •           | (Name of Person)                                  | (Area Code & Daytime Telephone Number)  |
| Enclosed is | s 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:                                  | Street Address:   |
|             | Registration Section Division of Corporations     | Registration Section Division of Corporations   |
| 1           | P.O. Box 6327                                     | 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

| I. The name of a limited lia                               | ibility company is  | 2022 SEP 22                              | AMIO     |
|--|---|--|----------|
| Saratoga Wellington LLC                                    |   | Contra                                   | NU IN 3  |
|  |   | PARTIARY                                 | dr Stand |
| 2. The Articles of Organiza                                | tion were filed on 01/21/2022 and assigne   | TALLAHAS:                                | SÉE, FL  |
| document number L2200                                      | 0050447   |  |          |
| Note: If the date inserted                                 | te the dissolution if not effective on the date of filing: upon filing tive date cannot be prior to or more than 90 days later than date document is recein this block does not meet the applicable statutory filing requirements, the fective date on the Department of State's records. | ived for filing)<br>his date will not be |          |
| I. A description of occurrer<br>605.0707, Florida Statute: | nce that resulted in the limited liability company's dissolution purs s, (copy 605.0707 on back cover letter).  | uant to section                          |          |
| The consent of the Memi                                    | bers and the completion of the winding up of the limited liability of   | отрапу.                                  |          |
|  |   |  |          |
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|  |   |  |          |
|  |   |  |          |
|  |   |  |          |
|  |   |  |          |
| If there are no members.                                   | enter the name and address of the person appointed to wind up the   | company's                                |          |
|  | enter the name and address of the person appointed to wind up the<br>Paul S. O'Connor   | company's                                |          |
| If there are no members, activities and affairs:           |   | company's                                |          |
|  |   | company's                                |          |
|  | Paul S. O'Connor  2328 Golfbrook Drive  | company's                                |          |
|  | Paul S. O'Connor  | company's                                |          |
|  | Paul S. O'Connor  2328 Golfbrook Drive  | company's                                |          |
|  | Paul S. O'Connor  2328 Golfbrook Drive  | company's                                |          |
| activities and affairs:                                    | Paul S. O'Connor  2328 Golfbrook Drive  Wellington, FL 33414  d person or if there are no members, the signature of the person ap   |  |          |
| activities and affairs:                                    | Paul S. O'Connor  2328 Golfbrook Drive  Wellington, FL 33414  d person or if there are no members, the signature of the person ap   |  |          |
| activities and affairs:  Signature of an authorized        | Paul S. O'Connor  2328 Golfbrook Drive  Wellington, FL 33414  d person or if there are no members, the signature of the person apny's activities and affairs:   |  |          |
| activities and affairs:  Signature of an authorized        | Paul S. O'Connor  2328 Golfbrook Drive  Wellington, FL 33414  d person or if there are no members, the signature of the person ap   |  |          |