## L99000008477

| (Re                                     | questor's Name)        |      |
|---|------------------------|------|
| (Ad                                     | dress)                 |      |
| (Ad                                     | dress)                 | ·    |
| (Cit                                    | y/State/Zip/Phone      | : #) |
| PICK-UP                                 | ☐ WAIT                 | MAIL |
| (Bu                                     | isiness Entity Nan     | ne)  |
| (Do                                     | ocument Number)        |      |
| Certified Copies                        | Certificates of Status |      |
| Special Instructions to Filing Officer: |                        |      |
|   |                        |      |
|   |                        |      |
|   |                        |      |

Office Use Only



100137774291



TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF STATE OF CORPORATION OF CORPORATION AND ADDRESS OF THE PART OF THE

B. KOHR
DEC 1 1 2008

EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE : 821535 7390554 AUTHORIZATION ORDER DATE: December 10, 2008 ORDER TIME: 8:38 AM ORDER NO. : 821535-105 CUSTOMER NO: 7390554 DOMESTIC FILINGS NAME: GREENBROOK CARE, LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Doreen Wallace - EXT# 2928 EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is   |                              | 10 M                                 |
|---|------------------------------|--------------------------------------|
| Greenbrook Care, LLC  |                              |                                      |
| 2. The Articles of Organization were filed on December  | 6, 1999                      | and assigned document number         |
| 3. The date the dissolution was approved: 01/01/2009  |                              | <u>_</u> .                           |
| 4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let | bility company's (<br>iter). | dissolution pursuant to section      |
| Sole managing member (Extendicare Health Facilities,  | Inc.) has directe            | ed the dissolution of this           |
| limited liability company (see attached).   |                              |                                      |
|   |                              |                                      |
|   |                              |                                      |
| 5. CHECK ONE:   |                              |                                      |
| X All debts, obligations and liabilities of the limited   | liability company            | have been paid or discharged.        |
| OR- Adequate provision has been made for the debts, or  | -                            |                                      |
| 6. All remaining property and assets have been distributed an   | •                            | •                                    |
| rights and interests.   | nong na membera              | in accordance with their respective  |
| 7. CHECK ONE:   |                              |                                      |
| There are no suits pending against the company in   | any court.                   |                                      |
| OR- Adequate provision has been made for the satisfac entered against it in any pending suit.                               | tion of any judgn            | nent, order or decree which may be   |
| gnatures of the members having the same percentage of memb  | ership interests no          | ecessary to approve the dissolution; |
| Signature   |                              | Printed Name                         |
| Noch latte  | Roch Carte                   | er, Director and Vice President      |
|   | of sole me                   | mber                                 |
|   | <del></del>                  |                                      |
|   |                              |                                      |
|   |                              |                                      |
|   |                              |                                      |

FILING FEE: \$25.00