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|------------|--------------|---------------------------------------------|--------|-------|---------|------|------|
| 08/09/2018 | 201822100868 | Dissolution/Limited Liability Company (LDS) | 50.00  |       |         |      | 0    |

**Receipt**

This is not a bill. Please do not remit payment.

**CEDARWOOD DEVELOPMENT, INC.  
1765 MERRIMAN ROAD  
AKRON, OH, 44313**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

**2386767**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ADV SIOUX CENTER ASSOCIATES, L.L.C.**

and, that said business records show the filing and recording of:

Document(s)

**Dissolution/Limited Liability Company**

Document No(s):

**201822100868**

**Effective Date: 08/01/2018**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 9th day of August, A.D. 2018.

**Ohio Secretary of State**

Form 562 Prescribed by:

Date Electronically Filed: 8/9/2018

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

## Certificate of Dissolution of Limited Liability Company / Cancellation of Foreign Limited Liability Company

**Filing Fee: \$50**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited liability Company  
(For-profit or Nonprofit)  
(140-LDS)



(2) Foreign Limited liability Company  
(For-profit or Nonprofit)  
(131-LFS)



Jurisdiction of Formation

Name of Limited liability Company **ADV SIOUX CENTER ASSOCIATES, L.L.C.**

If foreign, name of Limited Liability Company in its jurisdiction of formation (if different)

Ohio Registration Number

**2386767**

**Complete the information in this section if box (1) is checked.**

The Limited Liability Company hereby certifies that the effective date of the of the dissolution is: **8/1/2018**

Note: Effective date must be on or before the date of filing.

**Complete the information in this section if box (2) is checked.**

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company

the authority of its registered agent to accept service of process, notices and demands on its behalf.

(Please enter 'does revoke' or 'does not revoke')

If the authority of the agent is revoked then please provide the address to which a person may mail copy of an process, notice, or demand against the company is:

Mailing Address

City

State

ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio Secretary of State of such change.

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by an authorized representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

ALAN W. SPONSELLER, AUTHORIZED REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name