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To:

Division of Corporations
Fax Number : (850)617-6383

From: Carrie Ramos FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

Phone : (407)843-8880

Fax Number : (407)244-S690

LLC DISSOLUTION OR WITHDRAWAL NDP SHAWNEE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

MAY - 1 2023

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Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

manager.				
document number L18000055260 3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The unanimous decision to dissolve the limited liability company by the members of the limited liability company which was approved by the requisite approval of the members and manager.				
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	3	The delayed effective date the	the dissolution if not effective on the date of filing:	
		document number	303,7200	
2. The Articles of Organization were filed on March 5, 2018 and assigned		dagument number 118000	0055760	
	2	2. The Articles of Organization	n were filed on March 5, 2018 and assigned	
		NDP Shawnee, LLC		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: NDP Shaw	nce, LLC
Document number of Limited Liability Company is:_	
Date of dissolution was: April 28, 2023	
Description of information that must be included in a v	written claim:
1. Name of Claimant	
2. Address of Claimant	
3. Amount of Claim(s)	
4. Description of facts giving rise to Claim	
5. Claimant contact person and contract informati	ion 25/3/
Mailing address where claims can be sent: (Claims can P. O. Box 356, Winter Park, FL 32789	not be sent to the Division of Corporations)
	
A claim against the above named limited liability comp claim is commenced within 4 years after the filing of th	any will be barred unless a proceeding to enforce the is notice.
	Condition of the second
Gary Cardamone	Gary Cardamone
Printed Name of the Person Filing	Signature of the Person Filing