

07/7/2017 10:14 AM PDT
Division of Corporations

TO:18506176383 FROM:9045126629

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LO1000020786
Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 567-1177
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
FCS A.D., LLC**

Certificate of Status	0
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D. SCOTT

JUL 10 2017

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ARTICLES OF DISSOLUTION

FOR

FCS A.D., LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is FCS A.D., LLC (the "Company").
2. The Articles of Organization were filed on November 28, 2001 and assigned document number L01000020786.
3. Dissolution of the Company was unanimously approved as of July 7, 2017 by the consent of the Members of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the President of the Company, hereby approves the above Articles of Dissolution this 7 day of July, 2017.

Kathleen McGraw
Kathleen McGraw, President

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Notice of Limited Liability Company Dissolution

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: FCS A.D., LLC

Document Number of Limited Liability Company is: L01000020786

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

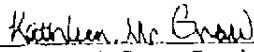
Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Kathleen McGraw
1690 Bayside Blvd.
St. Johns, FL 32259

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.


Kathleen McGraw, President