MOZ UOOOOO 3989

600377461996
Effective Date 12/31/2031
12/17/2101992E **25.00
2021 L S.C.P. F.A.C.
ELARY OF SAME

Office Use Only

naituloca Or.

D CUSHING

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is
	SONDMA FUVESTMENTS, LLC
2.	The Articles of Organization were filed on $\frac{2}{19}$ and assigned
	document number <u>Lo 2 00000 3989</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021 (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).
	CEASE Doing Business
	•
	92 11
٥.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	Anthou PATETE W
	2447 SONOMA Drive W 3
	Notomis FL 34275
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed love to wind up the company's activities and affairs:
<u>/</u>	Listony Latte M9MBR ANTHONY PATETE
	ι

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: SONDMA INVESTMENTS LLC		
Document number of Limited Liability Company is: Los 00003989		
Date of dissolution was: 12/31/202/		
Description of information that must be included in a written claim:		
NAME AND ADDRESS of Claimant And		
NAME AND ADDRESS OF CLAIMANT AND ANY AND SUPPORTING DOCUMENTATION TOCIVE TELEPHONE # AND EMAIL		
Include relephone # AND EMAIL.	2 2	
ADDress	21 DE	T.
	7 A D	<u> </u>
ン・C ス・C ス・C	PM	17.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	PM 3: 35	
- ANTHONY PATETE	i Öi	
2447 SONOMA Drive W		
NOKOMIS FL 34275		

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.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00