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C. GOLDEN NOV 12 2020

### **COVER LETTER**

| TO:   | Registration Section Division of Corporations        | ).  |  |  |
|---|--|---|--|--|
| SHRIF   | QUEST INDUSTRIES, LC                                 |   |  |  |
| SUBJECT:(Name of Limited Liability Company)                               |  |   |  |  |
|   |  |   |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. |  |   |  |  |
| Please return all correspondence concerning this matter to the following: |  |   |  |  |
|   | ERIC P. GROS-DUBOIS                                  |   |  |  |
| (Name of Person)  |  |   |  |  |
| EPGD ATTORNEYS AT LAW, P.A.   |  |   |  |  |
| (Firm/Company)  |  |   |  |  |
| 777 SW 37TH AVE. SUITE 510  |  |   |  |  |
| (Address)   |  |   |  |  |
|   | MIAMI, FLORIDA 33135                                 |   |  |  |
|   | (City/St   | ate and Zip Code)   |  |  |
| For fur   | ther information concerning this matter, please call | l:  |  |  |
|   | ERIC P. GROS-DUBOIS                                  | 786 837-6787  |  |  |
|   | (Name of Person)                                     | (Area Code & Daytime Telephone Number)  |  |  |
| Enclose   | ed is a check for the following amount:              |   |  |  |
|   | ■ \$25.00 Filing Fee and Certificate of Dissolution  | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |
|   | Mailing Address: Registration Section                | Street Address: Registration Section  |  |  |
| Division of Corporations  |  | Division of Corporations  |  |  |
|   | P.O. Box 6327  | The Centre of Tallahassee   |  |  |
| Tallahassee, F1, 32314  |  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, F1. 32303                                      |  |  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited lia QUEST INDUSTRIES, L  | ,   | 244.20 30 4110:03 -  |  |  |
|---|---|--|--|--|
| 2. The Articles of Organiza   | tion were filed on $\frac{0}{2}$                | 7/18/2003 and assigned   |  |  |
| document number L0300   | 00026430  |  |  |  |
| 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 b listed as the document's effective date on the Department of State's records. |   |  |  |  |
| 4. A description of occurred 605.0707, Florida Statute  | nce that resulted in t<br>s, (copy 605.0707 o   | he limited liability company's dissolution pursuant to section n back cover letter). |  |  |
| Un  | animous consent of t                            | he members and managers.   |  |  |
| 5. If there are no members  | enter the name and                              | address of the person appointed to wind up the company's                             |  |  |
| activities and affairs:   | JONATHAN D                                      |  |  |  |
|   | 425 W COLONIA<br>ORLANDO, FL 32                 |  |  |  |
|   |   |  |  |  |
| 6. Signature of an authorize above to wind up the compa   | ed person or if there<br>any's activities and a | are no members, the signature of the person appointed and listerffairs:              |  |  |
| Jonathan Woods  |   | JONATHAN D. WOODS  |  |  |
| Signature   |   | Printed Name   |  |  |

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.

| QUEST INDU   | STRIES, LC   |  |  |  |  |
|--|--|--|--|--|--|
| Document number of Limited Liability Company is:   |  |  |  |  |  |
| Date of dissolution was  |  |  |  |  |  |
| Description of information that must be included in  | a written claim:   |  |  |  |  |
| The legal name of any claimant.  |  |  |  |  |  |
| A description of the nature of any legal claims again  | nst the Company.   |  |  |  |  |
| The remedy any claimant seeks to recover from the  | e Company.   |  |  |  |  |
| Mailing address where claims can be sent: (Claims  220 Stonewell Dr. Jacksonvill                           |  |  |  |  |  |
| A claim against the above named limited liability of claim is commenced within 4 years after the filing of | ompany will be barred unless a proceeding to enforce the of this notice. |  |  |  |  |
| JONATHAN D. WOODS  | Jonathan Woods   |  |  |  |  |

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

Signature of the Person Filing

Printed Name of the Person Filing