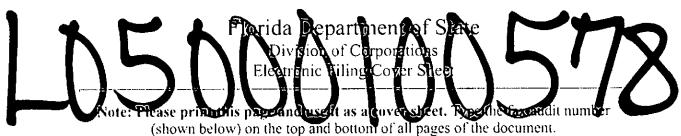
Division of Corporations



(((H22000049004 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (4<del>0</del>7)841-1200 Phone : (407)423-1831 Fax Number

# LLC DISSOLUTION OR WITHDRAWAL CONE PROFESSIONAL PARK, LLC

Certificate of Status	0
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M. SOLOWON

From: Lesite Perryman

To

(((H22000049004 3)))

#### ARTICLES OF DISSOLUTION

#### **FOR**

# CONE PROFESSIONAL PARK, L.L.C.

Pursuant to the provisions of Sections 605.0707 of the Florida Statutes, the undersigned Florida limited liability company hereby adopts the following Articles of Dissolution:

### **ARTICLE I - NAME OF COMPANY**

The name of the company is cone CONE PROFESSIONAL PARK, L.L.C. (hereinafter referred to as the "Company"). The Articles of Organization were filed on October 10, 2005 and assigned document number L05000100578.

# ARTICLE II - EFFECTIVE DATE OF DISSOLUTION

The effective date of the Company's dissolution is the date of filing of these Articles of Dissolution with the Florida Department of State, Division of Corporations.

#### ARTICLE III - APPROVAL OF DISSOLUTION

Pursuant to Section 605.0701 of the Florida Statutes and the Company's Limited Liability Company Agreement and Regulations dated January 1, 2005, the dissolution was approved by the unanimous consent of all of the members of the Company.

Dated this \_\_\_\_\_ day of February 2022.

2022 FEB -7 AH 10: 2 |

### NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

### NOTE: This page is optional

To:

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: Conc Professional Park, L.L.C.
Document number of Limited Liability Company is:
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 claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attachment):
Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)
Richard M. Levine
3507 Bayshore Blvd., Unit 1101
Tampa, FL 33629
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.
Richard M. Levine  Printed Name of the Person Filing  Signature of Person Filing

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