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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118 Phone : (407)581-9800

Fax Number : (407)581-9801

LLC DISSOLUTION OR WITHDRAWAL FREEMAN DEVELOPMENT COMPANY, LLC

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ARTICLES OF DISSOLUTION OF FREEMAN DEVELOPMENT COMPANY, LLC a Florida Limited Liability Company

- 1. Name. The name of the limited liability company is FREEMAN DEVELOPMENT COMPANY, LLC.
- 2. <u>Date of Organization</u>. The Articles of Organization for the limited liability company were filed on <u>January 10, 2006</u>, and assigned Document Number <u>L06000003166</u>.
- 3. <u>Effective Date</u>. The effective date of the dissolution shall be the date of filing of these Articles of Dissolution with the Florida Department of State.
- 4. <u>Authorization Pursuana to Section 605.0707, Florida Statutes</u>. The dissolution was approved by the members of the limited liability company. The number of votes east for dissolution was sufficient for approval pursuant to the articles of organization and/or the operating agreement, as each may currently be amended.

5. Signature of the authorized person to wind up the company's activities and affairs:

Darvi Dixen. Manager

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This Notice of Limited Liability Company Dissolution is submitted by the dissolved limited liability company named below (the "Limited Liability Company") for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

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

- 1. Name of Limited Liability Company: Freeman Development Company, LLC
- 2. Document number of Limited Liability Company is: L06000003166
- 3. Date of Dissolution: The date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
- 4. Description of information that must be included in a claim:
 - Name of claimant.
 - b. Completed IRS Form W-9, Request for Taxpayer Identification Number and Certification.
 - c. Mailing address of claimant.
 - d. Name and phone number of contact person.
 - e. Description of claim.
 - f. Date(s) claim incurred.
 - g. Account number(s) (if applicable).
 - h. Invoice number(s) (if applicable).
 - Total amount of claim.
- 4. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Freeman Development Company, LLC c/o Daryl Dixon
35620 Seneca Reserve Drive
Eastis, FL 32736

5. A claim against the above-named Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

Freeman Development Company, LLC

Daryl Dixon Manager