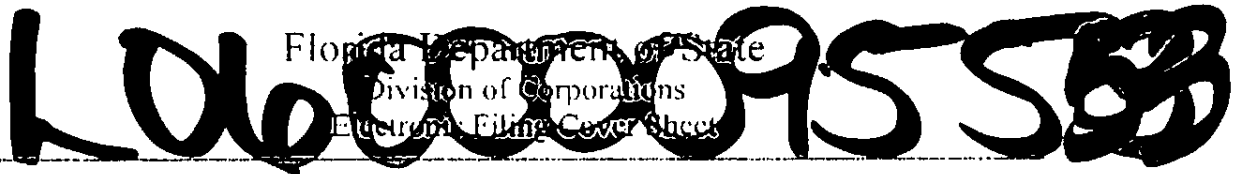


6/10/2019

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DUANE MORRIS LLP
Account Number : 119990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

**LLC DISSOLUTION OR WITHDRAWAL
REIMS 4601, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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JUN 11 2019

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**ARTICLES OF DISSOLUTION
FOR
REIMS 4601, L.L.C.**

1. The name of the limited liability company is **REIMS 4601, L.L.C.**, a Florida limited liability company (the "Company").
2. The Company was formed pursuant to the Articles of Organization which were filed with the Florida Department of State, Division of Corporations, on September 28, 2006 and assigned Document Number L06000095553.
3. The effective date of the Company's dissolution is as of the date of this filing.
4. The Company is being dissolved in accordance with the unanimous written consent of all of the Company's Members.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. All remaining property and assets have been distributed among the Company's Members in accordance with their respective rights and interests.
7. There are no suits pending against the Company in any court.

The undersigned authorized Manager has executed these Articles of Dissolution as of this 6 day of JUNE, 2019.

RIMMON MANAGEMENT LLC, Manager

By: _____

Alicia E. Nevarez, Manager

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DMR5783921

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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: REIMS 4601, LLC.

Document number of Limited Liability Company is: L06000095553

Date of dissolution was: 06/06/2019

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

A reasonable description of the claim, including the amount claimed
and circumstances surrounding the claim. The identity of the claimant.
The mailing address of the claimant.

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

425 W. 41st Street

Miami Beach, FL 33140

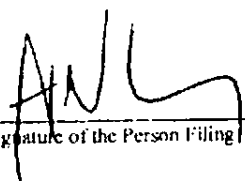
P.O. Box 6481

Surfside, FL 33154

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.

Alicia E. Nevarez

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

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