

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
406000112347

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**LLC DISSOLUTION OR WITHDRAWAL
SOUTHBEND OFFICE PARK, LLC**

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

ON FILED 11-16-2022

2022 NOV 16 PM 2:29
STATE OF FLORIDA
DIVISION OF CORPORATIONS

APPROVED
AND
FILED


**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

- 1. The name of a limited liability company is
Southbend Office Park, LLC
- 2. The Articles of Organization were filed on November 20, 2006 and assigned
document number L06000112347
- 3. 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 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).

The dissolution was approved by the member and manager of the Company.

- 5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

- 6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:


Signature

Nylah J. Thompson, Manager
Printed Name

FILING FEE: \$25.00

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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: Southbend Office Park, LLC

Document number of Limited Liability Company is: L06000112347

Date of dissolution was: _____

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

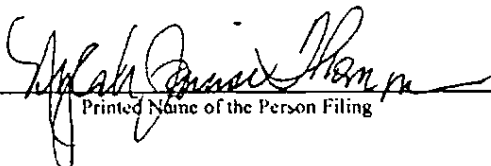
Name of claimants, date of claim, event giving rise to claim, amount claimed, and name, address, and

telephone number of contact to whom the Company should reply regarding the claim.

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

P.O. Box 2448, Plant City, Florida 33564

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

Nylah J. Thompson, Manager
Signature of the Person Filing

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