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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

LLC DISSOLUTION OR WITHDRAWAL LINEAR SOLUTIONS INVESTMENTS, LLC

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APR 17 2023

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Fax:

# ARTICLES OF DISSOLUTION OF LINEAR SOLUTIONS INVESTMENTS, LLC

#### **ARTICLE I**

The name of this corporation is Linear Solutions Investments, LLC (the "Company").

# **ARTICLE II**

The Articles of Organization of the Company were filed on August 6, 2007, and assigned Document Number L07000080601.

## **ARTICLE III**

The dissolution of the Company was authorized by written consent adopted by the Members of the Company on March 2, 2023, and shall be effective as of the date of filing of the Articles of Dissolution.

## **ARTICLE IV**

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

#### **ARTICLE V**

All remaining property and assets of the Company have been distributed to the Members in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

#### ARTICLE VI

There are no suits pending against the Company in any court.

Dated this 13th day of April, 2023

LINEAR SOLUTIONS INVESTMENTS, LE

By: Jeff Bogan

Name: Jeffrey S. Bogan

Title: Manager

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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 Limite	d Liability Company:	Linear Solutions Inves	tments, LLC			
Document num	per of Limited Liabilit	y Company is:	0080601			
Date of dissolut	ion was: <u>April 13,</u> 2023	3				
	nformation that must b		en claim:			
The identity and	contact information for t	he person or entity asse	erting the claim, a	description of the basis fo	or the claim,	
the date the claim	arose, the amount of th	e claim, and a descripti	on of the facts and	circumstances underlyin	ng the claim.	<del></del>
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations		OF STATE ELFLORIS)	AM    :   1 4			
	PO Box 5370		* ***************			
	Jacksonville, FL 32247					
A claim against commenced wit	the above named limithin 4 years after the fi	ted liability company ling of this notice.	will be barred u	inless a proceeding to e	enforce the cla	aim is
Jeffrey S. Bogan			Jef	f Bozan		
	Printed Name of the Per	rson Piling	<del></del>	Signature of the Person F	iling	_