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

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To:

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From:

: HOLLAND & KNIGHT Account Name

Account Number: 072100000016 Phone

: (813)227-8500

Fax Number

: (813)229-0134

LLC DISSOLUTION OR WITHDRAWAL

377JC, L.L.C.

RECEIVED	AUG IL PH L: 27	ECRETARY OF STATE ALLABASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liab 377JC, L.L.C.	oility company is			, [[
	· · · · · · · · · · · · · · · · · · ·	09/12/2007		<u>.</u>
. The Articles of Organizati	ion were filed on	09/12/2007	and assigned	
document number L0700	00093088			
. The delayed effective date (effective	e the dissolution if no we date emmet be prior to	t offective on the date o or more than 90 days later the	f filing: un date document is received	for filing)
. A description of occurrence 605.0707, Florida Statutes,				it.to sectio
The liquidation and dis	ssolution was app	roved by the sole m	ember.	
				:
			u v	:
				<u>:</u>
				-
 If there are no members, e activities and affairs: 	David L. Dunke			
	7			:
5. Signature of an authorized isted above to wind up the o	diperson or if there are dimpany's activities a	e no members, the signand affairs:	ature of the person appo	inted and
1/4 (1 /2//	1, 1	David L. Dunkel		:
Signature			Printed Name	
/ /	FILI	NG PEE: \$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: 377.JC, L.L.C.
Document number of Limited Liability Company is: L07000093088
Name of Limited Liability Company:
Description of information that must be included in a written claim: Name of claimants, date of claim, event giving rise to the claim, amount claimed, and
Name of claimants, date of claim, event giving rise to the 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)
David L. Dunekl
1001 East Palm Avenue
Tampa Florida 33605
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.
David Dunkel, Manager
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

$Holl and \&\,Knight$

N TO: Stephalog for a public to the figure, which is the research has been both and private him to make the contract of the c				
NAME	COMPANY/FIRM	FAX NUMBER 918506176383		
CITY/STATE	TELEPHONE NUMBER			
FROM:		erabeana arahaban belerik beradaban er		
NAME	TELEPHONE TPA-FAX4103@hklaw.com			
DATE & TIME (Eastern Time Zone) 8/14/2015 4:14:42 PM	TOTAL PAGES (Including Cove	r Sheet)		
If you did not receive all of the pages or find that they are illegible, please call TPA-FAX4103@hklaw.com	CONFIDENTIALITY NOTICE: This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.			

MESSAGE: