Division of Corporations

080000 18573

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO TOBOZARTH, P.A. Account Name

Account Number: 076077001702 : (407)841-1200 Phone

: (407)423-1831 Fax Number

> LLC DISSOLUTION OR WITHDRAWAL 9535 SATELLITE BLVD., LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF DISSOLUTION

FOR

9535 SATELLITE BLVD., LLC

Pursuant to the provisions of Sections 605.0707 of the Florida Statutes, the undersigned Florida limited liability company hereby adopts the following Articles of Dissolution:

NAME OF COMPANY

The name of the company is 9535 Satellite Blvd., LLC (hereinafter referred to as the "Company").

ARTICLE I - ORGANIZATION

The Articles of Organization of the Company were filed on February 20, 2008-and assigned document number L08000018533.

ARTICLE II - EFFECTIVE DATE OF DISSOLUTION

The effective date of the Company's dissolution is December 31, 2017.

ARTICLE III - APPROVAL OF DISSOLUTION

Pursuant to Section 605.0701(2) of the Florida Statutes and the Company's Operating Agreement, as amended, the dissolution was approved by written consent of the sole Member of the Company.

ARTICLE IV - WINDING UP

The person appointed by the Member to wind up the Company's activities and affairs is Aubrey S. Phillips.

BJP REAL ESTATE PARTNERSHIP, LTD., sole Member

By: BJP MANAGEMENT CORPORATION,

its sole General Partner

Aubrey St Phillips, President

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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	: 9535 Satellite Blvd., LLC	
Document number of Limited Liabil	ity Company is: <u>L08000018533</u>	
Date of Dissolution: December 31, 3	2017	
Description of information that must	t be included in a claim:	7 0 EC
Name of Claimant:		
Address of Claimant:		
Amount of Claim:	<i>(</i>	
Basis of Claim (attachment):		
Mailing address where claims can b	ne sent: (claims cannot be sent to the Div	vision of Corporations)
P.O. Box 85		
Montpelier Station, VA 22957		
the claim is commenced within 4 year	mited liability company will be barred u ars after the filing of this notice.	inless a proceeding 10 enforce
Aubrey S. Phillips Printed Name of the Person	n Filing Signatur	re of Person Filing

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