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

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Yvonne Mendez

Account Name : (

: GRAYROBINSON, P.A. - ORLANDE

Account Number Phone

: I20010000078 : (407)843-8880

Fax Number

: (407)244-5690

LLC DISSOLUTION OR WITHDRAWAL PRO-SHARE PROPERTY MANAGEMENT, LLC

Certificate of Status	0
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## 150 C1 350 ##

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liabi	lity company is	•
Pro-Share Property Manager	nant, LLC	
The Articles of Organization	on were filed on March 6, 2008	and assigned
document number L080000	23944	
Note: If the date inserted in	the dissolution if not effective on the date e date cannot be prior to or more than 90 days later this block does not meet the applicable statute ctive date on the Department of State's record	ory filing requirements, this date will not be
A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability com (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
The consent of all members of	f the Company.	
	nter the name and address of the person a	ppointed to wind up the company's
activities and affairs:		
		7. P. 3. S.
Signature of an authorized sted above to wind up the co	person or if there are no members, the signpany's activities and affairs:	gnature of the person appointed and
Contructor	Gary Miraglia	
Signature	7	Printed Name
	FILING FEE: \$25.00	

## 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: Pro-Share Property Management, LLC	
Document number of Limited Liability Company is: L08000023944	
Date of dissolution was: December 31, 2018	
Description of information that must be included in a written claim:	
1. Name, address, telephone number, fax number and email address of claimant.	
2. Description of claim.	
3. Date claim arose.	
4. Amount of claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	2018 DEC 13
8157 Andover Way	$\overline{\omega}$
Melbourne, Florida 32940	AM 11: 26
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.  Gary Miraglia  Printed Name of the Person Filing  Signature of the Person Filing	7
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