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To:	Division of Corporations		Ξ
	Fax Number	: (850) 617-6383	ر در
From:			=
	Account Name	: DUANE MORRIS LLP	~
		: 119990090059	
	MCCOURT Member	11557600000	50
	Phone	: (305)940-2220 : (305)357-2683	÷1
		(2001 200 200	
	Fax Number	: (305)35/-2563	7.

LLC DISSOLUTION OR WITHDRAWAL COUNTYLINE INVESTMENT PROPERTIES, LLC

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

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S. WARREN

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ARTICLES OF DISSOLUTION FOR COUNTYLINE INVESTMENT PROPERTIES, LLC. A FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is COUNTYLINE INVESTMENT PROPERTIES, LLC ("the Company").
- 2. The Company was formed pursuant to the Articles of Organization which were filed on April 26, 2010 and were assigned document number L10000044747.
- 3. The effective date of the Company's dissolution is as of the date of this filing.
- 4. The Company is being dissolved in accordance with the written consent of the Company's sole Member.
- 5. All debts, obligations and liabilities of the Company have been paid or discharged.
- 6. All remaining property and assets have been distributed to the sole Member of the Company.
- 7. There are no suits pending against the Company in any court.

The undersigned Manager has executed these Articles of Dissolution as of this 13 day

CRAIG

of December, 2017.

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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. 605.9712, 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: Countyline Investment Properties,	LLC	
Document number of Limited Liability Company is: L04000044747		
Date of dissolution was: 12/19/2017		
Description of information that must be included in a written claim:		
A reasonable description of the claim, including the amou		
and circumstances surrounding the claim. The identity of the	ie claii	mant.
The mailing address of the claimant.		-
. 6 956 0		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation 1850 N. State Road 7		17 DEC 19
1850 N. State Road 7 Hollywood, FL 33021	<u>-672</u>	1: 5 5
		<u>):</u> 50
		
A claim against the above named limited liability company will be barred unless a proceeding to	o enforce	the clain

is commenced within 4 years after the filing of this notice.

Craig M. Zinn, Manager

Printed Name of the Person Filing

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