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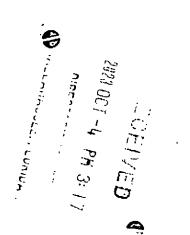
	(Requestor's Name)
	(Meddesion a Manie)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ PICK-HB	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J DE:(1)
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Office Use Only



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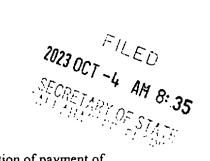


ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION	202300
	FOR A LIMITED LIABILITY COMPANY	2023 OC.
he name of a limited liab	pility company is	
TERRA ACON DORANDA	A MANAGER, LLC	•
he Articles of Organizat	ion were filed on and assigne	
ocument number L11000	0071292	
effecti Note: If the date inserted i	the dissolution if not effective on the date of filing:	ived for filing) his date will not be
description of occurren	ce that resulted in the limited liability company's dissolution purs	suant to section
05.0707, Florida Statutes	, (copy 605.0707 on back cover letter).	
JS.0707, Florida Statutes	, (copy 605.0707 on back cover letter).	
5.0707, Florida Statutes	, (copy 605.0707 on back cover letter).	
	, (copy 605.0707 on back cover letter).	
	, (copy 605.0707 on back cover letter). pursuant to Section 11.1 of the Company's Operating Agreement.	
Vritten consent of Members f there are no members, c	, (copy 605.0707 on back cover letter).	company's
Written consent of Members f there are no members, c	pursuant to Section 11.1 of the Company's Operating Agreement.	company's
Written consent of Members	pursuant to Section 11.1 of the Company's Operating Agreement. enter the name and address of the person appointed to wind up the Terra Doranda Development, LLC	company's
Written consent of Members f there are no members, c	pursuant to Section 11.1 of the Company's Operating Agreement. enter the name and address of the person appointed to wind up the Terra Doranda Development, LLC 3310 Mary Street, Suite 302	company's

FILING FEE: \$25.00

Printed Name



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:
Document number of Limited Liability Company is: L11000071292
Date of dissolution was:
Description of information that must be included in a written claim:
1. Full name and address of claimant.
2. Brief statement of the claim, including the date the claim arose and the amount of the claim, accompanied by a
copy of all relevant documentation such as purchase orders or contracts and invoices.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3310 Mary Street, Suite 302, Coconut Grove, FL 33133
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.
Jennifer Ortiz, Authorized Representative
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