

411000116969

2018-04-23 12:36:30 EDT

415675166320 From: Tara Miller

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2220
Fax Number : (305)397-2683

LLC DISSOLUTION OR WITHDRAWAL
PALMETTO 408, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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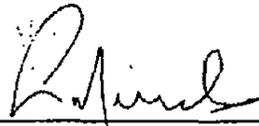
APR 24 2018

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**ARTICLES OF DISSOLUTION
FOR
PALMETTO 408, LLC**

1. The name of the limited liability company is **PALMETTO 408, LLC**, a Florida limited liability company (the "Company").
2. The Company was formed pursuant to the Articles of Organization which were filed with the Florida Department of State, Division of Corporations, on October 12, 2011 and assigned document number L11000116969.
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 unanimous written consent of all of the Company's Members.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. All remaining property and assets have been distributed among the Company's Members in accordance with their respective rights and interests.
7. There are no suits pending against the Company in any court.

The undersigned authorized Manager has executed these Articles of Dissolution as of this 23 day of April, 2018.



LORI MEISELS, Sole Manager

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H18000127125

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. 605.0712, 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: PALMETTO 408, LLC

Document number of Limited Liability Company is: L11000116969

Date of dissolution was: 04/ 23/2018

Description of information that must be included in a written claim:

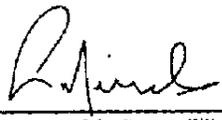
A reasonable description of the claim, including the amount claimed
and circumstances surrounding the claim. The identity of the claimant.
The mailing address of the claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9001 Collins Ave., S701
Surfside, FL 33154

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.

Lori Meisels, Manager
Printed Name of the Person Filing


Signature of the Person Filing

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TALLAHASSEE, FLORIDA