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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DUANE

: DUANE MORRIS LLP [

Account Number

: 119990000059

Phone

(305)960-2220

Fax Number

: (305)397-2683

LLC DISSOLUTION OR WITHDRAWAL PALMETTO 508, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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ARTICLES OF DISSOLUTION FOR PALMETTO 508, LLC

- 1. The name of the limited liability company is PAEMETTO 508, 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 L11000117201.
- 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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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 508, LLC | | |
|---|------------------------------------|--|
| Document number of Limited Liability Company is: L11000117201 | | |
| 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 | ne amount claimed | |
| and circumstances surrounding the claim. The identity of the claimant. | | |
| The mailing address of the claimant. | | |
| | | |
| ; / EP' - 1 | | |
| 1: | EG | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of | of Corporations 7 | |
| 9001 Collins Ave., S701 | of Corporations: TANY OF THE D | |
| Surfside, FL 33154 | DF STA | |
| | 33 ATE 33 | |
| | | |
| | | |
| A claim against the above named limited liability company will be harred unless a commenced within 4 years after the filing of this notice. | proceeding to enforce the claim is | |
| ÷. // | ΄Λ · Ο | |
| Lori Meisels, Manager | Vunl | |
| Printed Name of the Person Filing Signate | re of the Person Filing | |
