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ł	Note: DO N	H210004709403A OT hit the REFRESH/RELOAD bu Doing so will generate ano	utton on your browser fro	m this page. 29
,	То:	Division of Corporations Fax Number : (850)617-6		9 AH IO: 17
	From:	Account Name : CORPORATE Account Number : 1104320030 Phone : (561)694-8 Fax Number : (561)214-8	3107	NAL INC.
		LLC DISSOLUTION OR		
		.CLUB DOMAI		
+	* .	Certificate of Status Certified Copy	0	
<u>=</u> ~		Page Count		JAN 0 3 2021
AH 10: 14		Estimated Charge	\$25.00	A. LUNT
2021 DEC 29	1			
ن ا	.			

TO: Registration Section Division of Corporations	
SUBJECT:	ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing
Please return all correspondence concerning this matter to	o the following
J. Joseph Givner	
(N)	me of Person)
Givner Law Group, LLP	
(Fi	rm/Company)
19495 Biscayne Boulevard, Suite 702	
······································	(Address)
Aventura, Florida 33180	
(City/S	tate and Zip Code)
For further information concerning this matter, please cal	1.
J. Joseph Givner	at (
(Name of Person)	(Area Code & Daytime Telephone Numbe
Enclosed is a check for the following amount:	
S25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	

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pg 2 of 4

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	A LIMI	TED LIABILITY COMPANY	
	of a limited liability compan OMAINS, LLC	ny is	- <i>'</i>
2. The Artic	les of Organization were filed	d on and assigned	
document	number 111000122353		
Note: If	effective date cannot t the date inserted in this block do	ion if not effective on the date of filing:) not be
4. A descrip 605.0707,	tion of occurrence that result Florida Statutes, (copy 605.0	ed in the limited liability company's dissolution pursuant to sect 1707 on back cover letter).	1210EC
The con:	sent by the Manager and a ma	ajority vote of the members to dissolve the Company	. 29
	to section 20(a) of the operate t to 605.0701(1), Florida Stat	ting agreement, which such occurrence shall cause dissolution tutes.	AM 10: 17
	e no members, enter the nam and affairs:	e and address of the person appointed to wind up the company's	-
6 Signature	of an authorized person or if	there are no members, the signature of the person appointed and	- - 1 listed
above to win	d up the company's activities	s and affairs:	
h	Signature	Colin Campbell Printed Name	-
	DiBuara é	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:	-	
Document number of Limited Liability Company is: L11000122353		
Date of dissolution was:	202	
Description of information that must be included in a written claim:	2021 DEC 29	
1. Name and address of the claimant;		
2. Amount of the claim; and	AH 10:	
3. Basis for the claim		-
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	-	
Campbell, Colin		
C/O J. Joseph Givner		
Givner Luw Graup		
19495 Biscayne Blud, Suite 702		
Aventura, FL 33180		

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.

Colin Campbell

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

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