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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL AMG PROPERTIES STILLWOOD, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

RECRETARY OF STATE

OCT 2 7 2015

S. YOUNG

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Corporate Filing Menu

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OCT/23/2015/FRI 11:58 AM

FAX No.

P. 003

COVER LETTER

TO: Amendment Section
Division of Corporations

| SUBJECT: AMG PROPERTIES STILLWOOD LLC |
|--|
| DOCUMENT NUMBER: LIZOGOCIZSES |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| Producers incorporation |
| (Firm/Company) |
| 159 PARLDANENT LOOP EE 3 T |
| (Address) |
| LAKE WARY FL 32740 MG 20 F |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ALOYSIUS J. ADD. JR at (600 446 4633 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: STREET ADDRESS: |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FAX No.

P. 004

ARTICLES OF DISSOLUTION

| Pursuant to of dissolution | section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles in: | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: AMG Properties Stillwood, LLC | | | | | | | |
| SECOND: | The document number of the corporation (if known): | | | | | | | |
| THIRD: | The date dissolution was authorized: 10 5 2015 | | | | | | | |
| | Effective date of dissolution if applicable: | | | | | | | |
| | (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | | | | | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | | | | | | | |
| | ☐ Dissolution was approved by the shareholders through voting groups. ☐ ☐ ☐ | | | | | | | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | | | | | | |
| | The number of votes cast for dissolution was sufficient for approval by ORDER OGRAFIE OGRA | | | | | | | |
| S | (voting group) lignature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) ALMYSIUS J. AREL, J. | | | | | | | |
| - | (Typed or printed name of person signing) | | | | | | | |
| | magne nember | | | | | | | |

(Title of person signing)

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FAX No.

P. 005

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filling a voluntary dissolution.

| Name of Corporation: | AMG | PROPERTEES | STILLWOOD, L | <u></u> |
|--|-------------------------------------|----------------------------|-------------------------------|----------------|
| Date of dissolution will be to specified in the Articles of I | he date the dissolu Dissolution. | tion is filed with the Dep | artment of State or as | |
| Description of information t | hat must be include | ed in a claim: | | |
| | | | | |
| | | | | |
| | | | | 70 = |
| | <u></u> | | | SI CR |
| | | | | |
| | | | | <u> </u> |
| Mailing address where claim | is can be sent: (Cla | ims cannot be sent to the | Division of Corporations) | |
| | 59 PARL | 9001 THOMAI | • | 9. 3 ORID |
| | LAKE MAR | TAMENT LOOP Y FL 32744 | | - |
| | | | | |
| | | | | |
| | | | | T |
| A claim against the above na within 4 years after the filing | | ill be barred unless a pro | ceeding to enforce the claim | n is commenced |
| | | | Λ | |
| ALOYSI | os I. Aut. | ac . | (fa fallus | h |
| Printed Name | of the Person Filing | | Signature of the Person Filir | v |

Fee: No charge if included with Articles of Dissolution. If filed saparately \$35.00