Division of Corporations

Florida Department of State Official State O

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL HISTORICO, LLC

Certificate of Status	
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Fax: 14078411200

To:

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

3		•		
The name of a limited liabil	ity company is			
HISTORICO, LLC				·
The Articles of Organizatio	n were filed on February 2	8, 2012	and assign	ned
document numberL12000	028579			
Note: If the date inserted in	the dissolution if not effect thate cannot be prior to or more this block does not meet the a tive date on the Department of	than 90 days later than o pplicable statutory fil	date document is re	recived for filing) , this date will not be
A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited copy 605.0707 on back co	l liability company' ver letter).	s dissolution pu	irsuant to section
Unanimous consent of t	he Members.			
-				
	<u> </u>			<u></u>
			<u> </u>	
If there are no members, en	ter the name and address o	f the person appoint	ted to wind up t	the company's
activities and affairs:	Anne V. Stokes			
	2629 Ardsley Drive			
	2029 Alusiey Dilve	,		
	Orlando, FL 32804			
				
Signature of an authorized bove to wind up the company	person or if there are no me	embers, the signatur	e of the person	appointed and listed
sove to write up the company	3 detrices and analysis			
				~
(laura)	-	Anne V. Stokes		022
Signature		Pri	nted Name	<u>→</u>
	FILING FI	F+ \$25.00		2022 APR 21
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To:

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Fax: 14078411200

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: HISTORICO, L	I.C
Document number of Limited Liability Company is:	1.12000028579
Date of dissolution was: upon filing	
Description of information that must be included in a	written claim:
Name of Claimant:	
Address of Claimant:	
Amount of Claim:	
Basis of Claim:	
Mailing address where claims can be sent: (Claims can	annot be sent to the Division of Corporations)
2629 Ardsley Drive	
Orlando, FL 32804	
A claim against the above named limited liability corclaim is commenced within 4 years after the filing of	mpany will be barred unless a proceeding to enforce the fthis notice.
Anne V. Stokes	Uning
Printed Name of the Person Filing	Signature of the Person Filing