To:

Division of Corporations

Florida Department of State Division of Corporati

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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 : (407)841-1200 Phone : (407)423-1831

Fax Number

## LLC DISSOLUTION OR WITHDRAWAL **CURGO, LLC**

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From: Leslie Perryman.

To:

Fax: (850) 617-6383

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# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab CURGO, LLC	ility company is		·	
2. The Articles of Organizati	on were filed on Fe	bruary 28, 2012	and assigned	
document numberL1200	0028613			
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	ve date cannot be prior to a this block does not m	o or more than 90 days later than da neet the applicable statutory filin	ng: te document is received for filing) teg requirements, this date will not be	
4. A description of occurrence 605.0707, Florida Statutes,	ee that resulted in the (copy 605.0707 on	e limited liability company's back cover letter).	dissolution pursuant to section	
Unanimous consent of				
5. If there are no members, e activities and affairs:	nter the name and ac	ddress of the person appointe	d to wind up the company's	
	2629 Ardsley Dri	ve	022 A	
	Orlando, FL 328	04	PR 21	
			PH ED	
6. Signature of an authorized above to wind up the compan	I person or if there a ny's activities and af	re no members, the signature fairs:	of the person appointed and listed	
Anna		Anne V. Stokes		
Signature		Prin	Printed Name	

#### (((H22000144939 3)))

### 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:	
	2000028613
Date of dissolution was: upon filing	
Description of information that must be included in a writ	tten claim:
Name of Claimant:	
Address of Claimant:	
Amount of Claim:	
Basis of Claim:	
Mailing address where claims can be sent: (Claims cannot 2629 Ardsley Drive	ot be sent to the Division of Corporations)
Orlando, FL 32804	
A claim against the above named limited liability comparelaim is commenced within 4 years after the filing of this	ny will be barred unless a proceeding to enforce the notice.
Anne V. Stokes	Umn
Printed Name of the Person Filing	Signature of the Person Filing