

**41200043190**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.  
Account Number : 072720000266  
Phone : (941) 366-4800  
Fax Number : (941) 552-7141

**LLC DISSOLUTION OR WITHDRAWAL  
LMA NOCTURNE, LLC**

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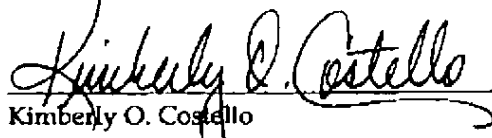
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**ARTICLES OF DISSOLUTION  
OF  
LMA NOCTURNE, LLC**

LMA Nocturne, LLC, a limited liability company organized under the laws of the State of Florida effective March 28, 2012 (the "Company"), and assigned document number L12000043190, having taken action to dissolve under the provisions of Sections 605.0701 and 605.0707, Florida Statutes, hereby submits these Articles of Dissolution for filing with the Florida Department of State.

1. The name of the Company is:  
LMA Nocturne, LLC
2. The effective date of the Company's dissolution is the date these articles are filed with the Florida Department of State.
3. The Company is dissolved as set forth in its Operating Agreement by written consent of its Manager and Members.
4. All debts, obligations, and liabilities of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members of the Company in accordance with their respective rights and interests.
6. There are no lawsuits pending against the Company in any court.

IN WITNESS WHEREOF, the Manager has executed these Articles of Dissolution on the 27<sup>th</sup> day of April, 2019.

  
Kimberly O. Costello  
As its Manager

H19000154886 3

H19000154886 3

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**

This notice is being submitted by LMA Nocturne, LLC, a Florida limited liability company (the "Company"), for resolution of payment of unknown claims against the Company as provided in Section 605.0712, Florida Statutes.

1. The name of the Company is LMA Nocturne, LLC.
2. The effective date of the dissolution of the Company is the date the dissolution is filed with the Florida Department of State.
3. The description of information that must be included in a claim against the Company is: (i) name and address of claimant; (ii) detailed description of the nature of the claim; and (iii) the alleged facts giving rise to the claim.
4. The mailing address where claims can be sent is 3551 Fair Oak Lane, Longboat Key, Florida 34228.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Dated this 29<sup>th</sup> day of April 2019.

LMA Nocturne, LLC,  
a Florida limited liability company

By:

Kimberly O. Castello  
Kimberly O. Castello  
As Its Manager

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