3/24/22, 3:55 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 : (904)359-7700 Phone Fax Number : (904)359-7708

> LLC DISSOLUTION OR WITHDRAWAL 913 PONTE VEDRA BOULEVARD LLC

Certificate of Status	0
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Fax

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ARTICLES OF DISSOLUTION OF 913 PONTE VEDRA BOULEVARD, LLC

ARTICLE I

The name of this limited liability company is 913 Ponte Vedra Boulevard, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on November 15, 2012, and assigned Document Number L12000144949.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on March 24, 2022 and shall be effective as of the date of filing of the Articles of Dissolution.

Dated this <u>24</u> day of March 2022.

By: Dana L. Allen

Title: Manager

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Fax:

Notice of Limited Liability Company Dissolution

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 Limit	ed Liability Company: 913 Ponte Vedra Bouleval	rd, LLC
Document num	nber of Limited Liability Company is: L1200014	4949
Date of dissolu	ition was: March 24, 2022	
Description of	information that must be included in a written	claim:
The identity and	I contact information for the person or entity asserti	ng the claim, the date the claim arose,
the amount of the	he claim, and a description of the facts and circumst	ances underlying the claim.
		
Mailing addres	es where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
	Smith Hulsey & Busey	
	PO Box 53315	
	Jacksonville, FL 32201	
	at the above named limited liability company within 4 years after the filing of this notice.	ill be barred unless a proceeding to enforce the claim i
Dana L. Allen		Dava L. Allen
	Printed Name of the Person Filing	Signature of the Person Filing