## 130005346

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            |             |
| (Add                      | ress)            |             |
| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   | r de        |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



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SECRETARY OF CORE

01/30/17--01011--007

JAN 31 2017 S. YOUNG

17 JAN 30 PM 12: 51

17 JAN 30 PM 12: 5

## Sun Shine (UP). 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| Date:   | 1-30-17<br>ACCT. 120160000072            | an: DW                             |
|---|--|------------------------------------|
| Name: Document #: Order #:  | Linnar Investments<br>Sharon (TRIA       |                                    |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: |  |                                    |
| Apostille/Notarial<br>Certification:                                      | Country of Destination: Number of Certs: | SECRETARY<br>CLLARASS<br>17 JAN 30 |
| Filling:  | Certified: Plain: COGS:                  | O AM 9: 11                         |
| Availability  Document  Examiner  Updater  Verifier  Ref#                 | Amount: \$ 25.00                         | •                                  |

Thank you!

## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

Gene M. Burd

Printed Name of the Person Filing

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.

Linnar Investments LLC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limited Liability Company:  |
|---|
| Document number of Limited Liability Company is: L13000050346   |
| Date of dissolution was:  |
| Description of information that must be included in a written claim:                                    |
| Name, address, phone number and email address of claimant   |
| Description and amount of claim. The date(s) the transactions   |
| or events giving rise to the claim arose or occurred. Any other   |
| pertinent information and documentation concerning the claim  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)       |
| Attn: Linnar Investments, LLC - Dissolution Claims  |
| 6495 Shiloh Road, Suite 410   |
| Alpharetta, GA 30005  |
|   |
|   |
| A claim against the above named limited liability company will be barred unless a proceeding to enforce |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00