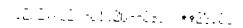
L13000058290

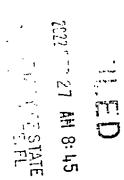
(Req	juestor's Name)			
(Add	lress)			
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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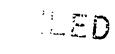




COVER LETTER

	stration Section sion of Corporations					
SUD BECT:	2534 Santa Ba	rbara, cic				
SUBJECT: 2534 Santa Barbara LLC (Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.				
Please return :	all correspondence concerning this matter to	o the following:				
	Chris Salemi					
	(Name of Person)					
	Aileron Capital Management, LLC					
	(Firm/Company)					
	3401 West Cypress Street, Suite 201					
		(Address)				
	Tampa, Fl 33607					
	(City/St	ate and Zip Code)				
For further inf	formation concerning this matter, please call	:				
Chris Salemi		813 9062886				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclosed is a ch	neck for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:				
	istration Section sion of Corporations	Registration Section Division of Corporations				
	Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2022 r 10 27 AM 8: 45

I. T -	The name of a limited liability company is 2534 Santa Ba	shara, LLC	OF STATE
2. T	The name of a finited Habitity Company is $ 2534 \text{Santa} \text{Ba} $ The Articles of Organization were filed on $\underline{\qquad}$	1/22/2013	and assigned
d	document number <u>L13000058290</u>	-	
	The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filin	ng: 04/22/20/3 e document is received for filing) g requirements, this date will not be
4. <i>A</i>	A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back of	d liability company's over letter).	dissolution pursuant to section
T	This was a SPE to hold certain assets, which have been liq-	aidated/sold and all oblig	gations, if any, have been
	If there are no members, enter the name and address activities and affairs:	of the person appointed	d to wind up the company's
6. S abo	Signature of an authorized person or if there are no move to wind up the company's activities and affairs:	embers, the signature	of the person appointed and listed
0	Robert K Beard	•	4 K. Beard
	Signature	1 1 11111	ed i valife

FILING FEE: \$25.00