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(((H21000465558 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A. Account Name

Account Number : 072731001155 : (813)253-2020 Phone

Fax Number

: (813)251-6711

LLC DISSOLUTION OR WITHDRAWAL CV ADVISORY SERVICES II, LLC

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A. LUNT

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H21000465558

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The | e name of a limited liabil | ity company is | | | <u>~</u> :: | | |
|--------------------------------------|--|---|---------------------|---------------------------|-------------------|--|--|
| CV | / Advisory Services II, LL | С | | |) 1 2 0 | | |
| 2. The | e Articles of Organizatio | 1 were filed on | | _ and assigned | 2021_DEC 22 AM 10 | | |
| doo | cument number L130000 | 63755 | | | AM 10: | | |
| No | ote: If the date inserted in | date the dissolution if not effective on the date of filing: 12/31/2021 Yestive date cannot be prior to or more than 90 days later than date document is received for filing) ed in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records. | | | | | |
| 4. A c 605 | description of occurrence 5.0707, Florida Statutes, (| that resulted in the limited liab copy 605.0707 on back cover le | ility company's di. | ssolution pursuant to sec | ction | | |
| | Company ceased d | oing business | | | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. If t | there are no members, en | ter the name and address of the | person appointed | to wind up the company | | | |
| | tivities and affairs: | David L. Koche | | | _ | | |
| Barnett Kirkwood Koche Long & Foster | | | | | | | |
| | | 601 Bayshore Boulevard, Su | ite 700 | | _ | | |
| | | Tampa, FL 33606 | | | | | |
| 6. Sig | gnature of an authorized to wind up the company | person or if there are no member's activities and affairs: | rs, the signature o | f the person appointed a | nd listed | | |
| | $ \wedge $ | | | | | | |
| | () | Dav | id L. Koche | | | | |
| | Signature | | Printe | Name | _ | | |
| | \sim | FILING FEE: \$ | 25.00 | | | | |