

L13000066044

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : RE2LEGAL, LLC  
Account Number : I20140000033  
Phone : (904) 567-1177  
Fax Number : (904) 567-1066

LLC DISSOLUTION OR WITHDRAWAL  
STREAMLINE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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ARTICLES OF DISSOLUTION

FOR

STREAMLINE, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Streamline, LLC (the "Company").
2. The Articles of Organization were filed on May 6, 2013 and assigned document number L13000066044.
3. Dissolution of the Company was unanimously approved as of February 28, 2016 by the consent of all the Members and Managers of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. There are no suits pending against the Company in any court.

The undersigned, being a Manager of the Company, hereby approves the above Articles of Dissolution this \_\_\_\_\_ day of March, 2016.

Sdaken Enterprises LLC  
Manager

By:   
Swetal Gandhi, President

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**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 Limited Liability Company: Streamline, LLC

Document Number of Limited Liability Company is: L13000066044

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

Name and contact information of claimant.

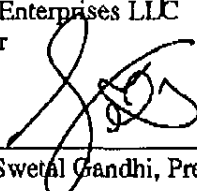
Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Sdaken Enterprises LLC  
14965 Old St. Augustine, Road  
Jacksonville, Florida 32258

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Sdaken Enterprises LLC  
Manager

By:   
Swetal Gandhi, President

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TALLAHASSEE FLORIDA