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Division of Corporations

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\*Resubmitting for the 4th time. Please

rporations: (850)617-6383 provide the original file date - April 17,

2023.

From:

Account Name

: DUANE MORRIS LLP Account Number : I19990000059

Phone

: (305)960-2217

Fax Number

: (305)397-2683

## LLC DISSOLUTION OR WITHDRAWAL MEGACENTER LITTLE RIVER LLC

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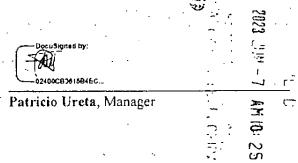
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## ARTICLES OF DISSOLUTION FOR

## MEGACENTER LITTLE RIVER LLC

- 1. The name of the limited liability company is **MEGACENTER LITTLE RIVER LLC**, a Florida limited liability company (the "Company").
- 2. The Company was formed pursuant to Articles of Organization filed with the Florida Department of State, Division of Corporations, on December 20, 2013 and assigned Document Number 1.13000175707.
- 3. The effective date of the Company's dissolution is as of the date of the filing of this Articles of Dissolution with the Florida Department of State, Division of Corporations.
- 4. The Company is being dissolved in accordance with the unanimous written consent of all of the Company's Members.
- 5. All debts, obligations and liabilities of the Company have been paid or discharged.
- 6. All remaining property and assets have been distributed among the Company's Members in accordance with their respective rights and interests.
- 7. There are no suits pending against the Company in any court.

The undersigned authorized Manager has executed these Articles of Dissolution as March 23, 2023.



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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: MEGACENTER LITTLE RI	VERLEG
Document number of Limited Liability Company is: L13000175707	
Date of dissolution was: 03/23/2023	
Description of information that must be included in a written claim:	
A reasonable description of the claim, including th	ne amount claimed
and circumstances surrounding the claim; the identity	of the claimant; and
the mailing address of the claimant.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division o	(Corporations)
c/o Consulting Services of South Florida	a Inc.
2121 Ponce de Leon Blvd., Ste. 1050	
Coral Gables FL 33134	·
	<del></del>

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.

Patricio Ureta, Manager

Printed Name of the Person Filing

02400CH0816B4EC

Signature of the Person Filing