

6/8/2020

Division of Corporations

FAX AUDIT NO.: H20000172305 3

Florida Department of State

Division of Corporations

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(((H20000172305 3)))



H200001723053ABCU

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305)442-1567  
Fax Number : (305)442-1227

LLC DISSOLUTION OR WITHDRAWAL  
MEDICI 529 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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JUN -9 2020

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**FAX AUDIT NO.: H20000172305 3 ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MEDICI 529 LLC

2. The Articles of Organization were filed on APRIL 21, 2014 and assigned

document number L14000064404

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

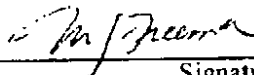
Pursuant to the occurrence of an event described in s. 605.0701(1)-(3), the LLC shall deliver for filing articles of

dissolution as provided in this section. The dissolution of the LLC was approved by its members and its

activities and affairs must be wound up.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

MICHAEL J. FREEMAN

Printed Name

**FILING FEE: \$25.00**

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**Notice of Limited Liability Company Dissolution**NOTE: This page is optional

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: MEDICI 529 LLCDocument number of Limited Liability Company is: L14000064404

Date of dissolution was: \_\_\_\_\_

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

NAME AND ADDRESS OF CLAIMANT, DESCRIPTION OF CLAIM AND AMOUNT OF CLAIM

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

153 SEVILLA AVENUE  
CORAL GABLES, FL 33134

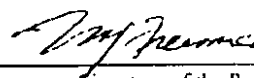
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MICHAEL J. FREEMAN

Printed Name of the Person Filing



Signature of the Person Filing

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

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