

L14000101058

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Account Number : X20140000059
Phone : (850) 650-3304
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**LLC DISSOLUTION OR WITHDRAWAL
BARBARA SHARPE SCHOTT, LLC**

Certificate of Status	0
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H15000173713 3

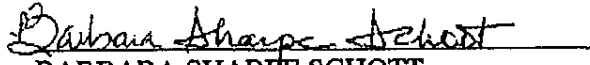
**ARTICLES OF DISSOLUTION
OF
BARBARA SHARPE SCHOTT, LLC**

BARBARA SHARPE SCHOTT, LLC, a Florida limited liability company, hereby presents these Articles of Dissolution evidencing the dissolution and discontinuation of business of Barbara Sharpe Schott, LLC, and sets forth the following pursuant to the provisions of Section 605.0707, *Florida Statutes*:

1. The name of the limited liability company is BARBARA SHARPE SCHOTT, LLC (the "Company").
2. The Articles of Organization of the Company were filed on June 24, 2014 and assigned document number L14000101058.
3. The dissolution was approved by the sole member of the Company on July 15, 2015.
4. The effective date of the dissolution of the LLC shall be the date these Articles of Dissolution are filed with the Department of State of the State of Florida.
5. Pursuant to Section 605.0701(2), *Florida Statutes*, the occurrence of the event that resulted in the dissolution of the Company was the written consent of the sole member of the Company to discontinue the operations of the Company and to dissolve the Company.

IN WITNESS WHEREOF, the undersigned, being the sole member of the Company, has executed these Articles of Dissolution on the date set forth below.

MEMBER:


BARBARA SHARPE SCHOTT
Date: 7/15/15

[Notice of Dissolution Follows]

H15000173713 3

H15000173713 3

**NOTICE OF DISSOLUTION
OF
BARBARA SHARPE SCHOTT, LLC**

This notice of dissolution 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 Section 605.0712, *Florida Statutes*.

1. The name of the limited liability company is BARBARA SHARPE SCHOTT, LLC (the "Company").
2. The date of dissolution of the Company will be the date these Articles of Dissolution are filed with the Department of State of the State of Florida.
3. Any claim made against the Company must be in writing and include (1) the name of the claimant, (2) the amount owed to the claimant, (3) an explanation of the basis of the claim or debt owed, and (4) an invoice or copy of an invoice, if previously submitted.
4. The mailing address where claims can be sent are as follows:

Barbara Sharpe Schott
25 Bramble Grove Place
Santa Rosa Beach, Florida 32459

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

MEMBER:

Barbara Sharpe Schott
BARBARA SHARPE SCHOTT
Date: 7/15/15

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