To:

(((H24000390611 3)))

(shown below) on the top and bottom of all pages of the document.



H240003906113ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

)24 h

AHO ACCIDITATION A

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

Phone : (407)841-1200 Fax Number : (407)423-1831

9:1

LLC DISSOLUTION OR WITHDRAWAL BOSU VENTURES, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liabili	ty company is	
	Bosu Ventures, LLC		
2.		were filed on August 20, 2014 and assigned	_
	document number 1.1400013		
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 605.0707. Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to secopy 605.0707 on back cover letter).	ction
Consent of the sole Member.			
5.	If there are no members, enter activities and affairs:	er the name and address of the person appointed to wind up the company Robert G. Noble, Sr.	— ·'s
1711 Ludlow Road			
		Marco Island, FL 34145-6623	292 + XII
		****	전 전
6, ab	Signature of an authorized poor to wind up the company'	<u>"0</u>	
	PocuSigned by:	Robert G. Noble, Sr.	ا2ا ئ
	Signature	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: Bosu V	/entures, LLC			
Document number of Limited Liability Con	L14000130664 pany is:			
Date of dissolution was: upon filing				
Description of information that must be incl	uded in a written claim:			
Name of Claimant:				
Address of Claimant:				
Amount of Claim:				
Basis of Claim:				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)			
Marco Island, FL 34145-6623				
A claim against the above named limited lia claim is commenced within 4 years after the	bility company will be barred unless a proceeding to enforce the filing of this notice.			
	OocuSigned by:			
Robert G. Noble, Sr.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Printed Name of the Person Filing	Signature of the Person Filing			