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To:

Division of Corporations

Fax Number : (850)617-6383

*This is the 4th submission of this filing. Please provide original filing date as filing date. (April 17, 2023)

From:

Account Name : DUANE MORRIS LLP Account Number : 119990000059

Phone : (305)960-2217 Fax Number : (305)397-2683

LLC DISSOLUTION OR WITHDRAWAL MEGACENTER HALLANDALE LLC

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T. LEMIEUX JUN - 9 2023 To:

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ARTICLES OF DISSOLUTION FOR

MEGACENTER HALLANDALE LLC

- The name of the limited liability company is MEGACENTER HALLANDALE 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 September 15, 2014 and assigned Document Number L14000144101.
- 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.
- 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.



Patricio Ureta, Manager

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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: WEGACENTER HALLANDLE LLC
Document number of Limited Liability Company is: L14000144101
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 the 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 of Corporations)
c/o Consulting Services of South Florida Inc.
2121 Ponce de Leon Blvd , Ste. 1050
Coral Gables FL 33134

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

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Signature of the Person Filing: