

L14000015082

Florida Department of State  
Division of Corporations  
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Account Name : REZLEGAL, LLC  
Account Number : 120140000033  
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LLC DISSOLUTION OR WITHDRAWAL  
ADAMS UNLIMITED, LLC

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<b>TO:</b>	Florida Department of State	<b>From:</b>	Donna Ciancutti
<b>Fax:</b>	850-617-6383	<b>Pages:</b>	4
<b>Phone:</b>		<b>Date:</b>	May18, 2015
<b>Re:</b>	Adams Unlimited, LLC	<b>CC:</b>	

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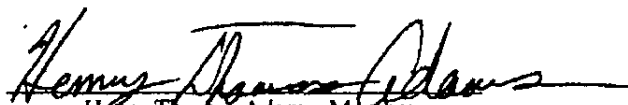
## ARTICLES OF DISSOLUTION

FOR

ADAMS UNLIMITED, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Adams Unlimited, LLC (the "Company").
2. The Articles of Organization were filed on September 30, 2014 and assigned document number L14000153082.
3. Dissolution of the Company was unanimously approved as of May 1<sup>st</sup>, 2015 by the consent of the Members of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being an authorized member of the Company, hereby approves the above Articles of Dissolution this 1<sup>st</sup> day of May, 2015.

  
Henry Thomas Adams, Member

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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: Adams Unlimited, LLC

Document Number of Limited Liability Company is: L14000153082

Date of Dissolution was:

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

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of Claim.


Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

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

Henry Thomas Adams  
34 Westchester Drive  
Cartersville, Georgia 30120

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.

  
Henry Thomas Adams, Member

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