4/3/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001103683)))



H190001103883ABC

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To:

Division of Corporations

Fax Number

: (859)617-6380

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I28018880278

Phone

: (407)843-8880

Fax Number

: (407)244-5690

DISSOLUTION OR WITHDRAWAL D12 EDUCATION FOUNDATION, LLC

| | , |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1 | The name of a limited liability company is D12 EDUCATION FOUNDATION, LLC | | |
|-----------|--|--|-----------|
| 2 | . The Articles of Organization were filed on 01/ | 14/15 and essigned | |
| | document number L15000006167 | | |
| 3. | CALCACITE USID CAUGING OF BEST IN | or effective on the date of filing: April 4.2019 or more than 90 days later than date document is received for filing) set the applicable statutory filing requirements, this date will not rement of State's records. | . & 20 |
| 4. | A description of occurrence that resulted in the 605.0707, Florida Statutes. (copy 605.0707 on c | limited liability company's dissolution pursuant to sectionack cover letter). | 19.4PR |
| | The occurrence that resulted in the company | | 7-4 -H |
| | the limited liability company by its sole mer | · · · · · · · · · · · · · · · · · · · | 丑 |
| | | | 9: 38 |
| 5. | If there are no members, enter the name and add activities and affairs: | tress of the person appointed to wind up the company's | |
| | | | |
| | | | |
| | | 1 | |
| | | | • |
| 5. Ìŝi | Signature of an authorized person or if there are sed above to wind up the company's activities an | no members, the signature of the person appointed and d affairs: | |
| 1 | 100 | | |
| i | | Mayange Downs | |
| | Signature | Printed Name | |

FILING FEE: \$25.00

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.

| Document number of Limited Liability Company is: | <u>L</u> 15000006167 |
|---|---|
| Date of dissolution was: April 4, 2019 | |
| Description of information that must be included in | a written claim: |
| 1. Name and address of Claimant | |
| 2. Amount of Claim(s) | |
| 3. Description of Facts giving rise to Claim | |
| | ation |
| 4. Claimant contact person and contact informs Aailing address where claims can be sent: (Claims of Mayanne Downs, GrayRobinson, P.A. | annot be sent to the Division of Corporations) |
| Mailing address where claims can be sent: (Claims of Mayanne Downs, GrayRobinson, P.A. | annot be sent to the Division of Corporations) |
| Mailing address where claims can be sent: (Claims o | annot be sent to the Division of Corporations) |
| Mailing address where claims can be sent: (Claims of Mayanne Downs, GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, FL 32801 | eannot be sent to the Division of Corporations) |