

Division of Corporations

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L15000021456

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

**LLC DISSOLUTION OR WITHDRAWAL
AUGUST 4, 1949, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

AUGUST 4, 1949, LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is AUGUST 4, 1949, LLC (the "Company").

2. The Articles of Organization were filed with the Florida Department of State on February 4, 2015 and assigned Document Number L15000021456.

3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by joint written consent of the Manager and Member of the Company, dated as of September 22, 2016.

4. All debts, obligations and liabilities of the Company have been paid, discharged, or arrangement has been made to pay same.

5. All property and assets of the Company have been distributed to the members of the Company.

6. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution to be effective as of the 22 day of September, 2016.

AUGUST 4, 1949, LLC

By: 

Name: William M. Matthews

Title: Manager

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This Notice of Limited Liability Company Dissolution is submitted by the dissolving 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.

Name of Company: AUGUST 4, 1949, LLC

Document Number of Limited Liability Company: L15000021456

Effective Date of Dissolution: September 22, 2016.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its Manager, members, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: August 4, 1949, LLC, 1925 North Flagler Drive, West Palm Beach, Florida 33407.

A claim against AUGUST 4, 1949, LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AUGUST 4, 1949, LLC

By: William M. Matthews
Name: William M. Matthews
Title: Manager

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HALL COUNTY, FLORIDA

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