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: SMITH HULSEY & BOSEY

Account Number : 075030000653

: (904)359-7700

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# LLC DISSOLUTION OR WITHDRAWAL ATS VENTURES, LLC

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# ARTICLES OF DISSOLUTION OF ATS VENTURES, LLC

#### **ARTICLE I**

The name of this limited liability company is ATS VENTURES, LLC (the "Company").

### ARTICLE II

The Articles of Organization of the Company were filed on June 8, 2015, and assigned Document Number L15000098901.

## ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on March 4, 2016, and shall be effective as of the date of filing of the Articles of Dissolution.

### <u>ARTICLE IV</u>

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

#### ARTICLE V

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

#### ARTICLE VI

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

Dated this 4th day of March, 2016.

ATS VENTURES, LLC

By: SOLID 9, LLC, its Manager

Justin G. Pennington

Manager

SECRETARY OF STAT

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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,

AT.	ted Liability Company: ATS VENTURES, LLC	•	
Name of Limit	nber of Limited Liability Company is: L15000098901		
	ition was: Macch 8, 2016		
	,		
Description of	information that must be included in a written claim:		
The identity an	d contact information for the person or entity asserting the claim, a description of the basis for	or the claim,	
the date the cla	alm arose, the amount of the cialm, and a description of the facts and circumstances underlyin	g the claim.	
Mailing addres	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations)	18 MAR	SECRET
	6900 Philips Highway	<u>က</u>	3323 7887 1788
	Suite 31	解 9:	
	Jacksonville, FL 32216	m m	ORIGA ORIGA
A claim agains	at the above named limited liability company will be barred unless a proceeding to enforce thin 4 years after the filing of this notice.	ce the claim	ís
commences w	minis 4 years after the thing of this holice.		
Justin Pe	ennington  Printed Name of the Person Filing  Bignature of the Person Filing	-	
	Printed Name of the Person Piling Signature of the Person Filing		