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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WATSON SLOANE PLLC

Account Number : I20150000117 Phone : (407)622-6751 Fax Number : (866)440-1211



## LLC DISSOLUTION OR WITHDRAWAL CIRANDA INVESTMENT COMPANY LLC

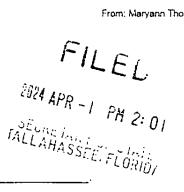
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K. SALY APR - 1 2024 To:

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabili			TALLAHASSEE, FL			
	CIRANDA INVESTMENT CO	OMPANY LLC					
2.	The Articles of Organization	were filed on 07/0	1/2015	_ and assigned			
	document number L1500011	3586					
3.	(effective Note: If the date inserted in the	re delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the leopy 605,0707 on b	limited liability company's dis ack cover letter).	solution pursuant to section			
	Written consent of sole membe	r to dissolve					
		·	· ·	-			
5.	If there are no members, ent	er the name and ado	lress of the person appointed to	o wind up the company's			
	activities and affairs:	N/A					
6. ab	Signature of an authorized pove to wind up the company	erson or if there are s activities and affa	no members, the signature of irs:	the person appointed and listed			
	tue		Sonny Michael Holmqvis	t, Member			
Signature			Printed Name				

To:

# FILED 2024 APR-1 PM 2:01 FALLAHASSEF FLORIOF

## 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.

Name of Limited Liability Company:CIRANDA INVESTME	NT COMPANY LLC
Document number of Limited Liability Company is: L150001	13586
Date of dissolution was:	
Description of information that must be included in a written	claim:
1) Full legal name and mailing address of claimant. 2) amount of c	claim, 3) reasonably detailed description of the
basis of the claim, and 4) include singed copies of any applicable a	agreement and other documentation on which
claimant relies on for claim.	
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
e/o Watson Sloane PLLC	
390 N. Orange Ave., Suite 1800	
Orlando, Florida 32801	
A claim against the above named limited liability company vectaim is commenced within 4 years after the filing of this not	
Sonny Michael Holmqvist, Member	him
Printed Name of the Person Fifting	Signature of the Person Filing