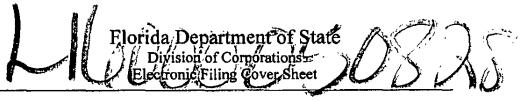
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Division of Corporations

Page 1 of 1



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP

Account Number : 120060000106 Phone : {813}229-8900

Fax Number : (813)229-8901

LLC DISSOLUTION OR WITHDRAWAL ILLUME VENTURES, LLC

Certificate of Status	_1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability ILLUME VENTURES, LLC	y company is	
	The Articles of Organization	were filed on March 14, 2016 and assigned	
	document number L1600005	0828	
	(effective of Note: If the date inserted in the	the dissolution if not effective on the date of filing:  late cannot be prior to or more than 90 days later than date document is received for  its block does not meet the applicable statutory filing requirements, this date  we date on the Department of State's records.	filing) will not be
١.	A description of occurrence to 605,0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to copy 605.0707 on back cover letter).	o section
		nstance that the Operating Agreement states causes dissolution, as provided	in
,	Section 605.0701(1), Florida St	atules	211 2
	If there are no members, ente activities and affairs:	N/A	Sany's P
			ַ ד
			<del>-</del> 5
		· ·	01
ó. is	Signature of an authorized potential above to wind up the com	·	ed and
_	Signature	Lynn Kitchen Printed Name	

FILING FEE: \$25.00

(((H160002437193)))

## 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: ILLUME VENTURES, LLC	
Document number of Limited Liability Company is: L16000050828	<del></del>
Date of dissolution was:	<del></del>
Description of information that must be included in a written claim:	
Documentary and factual basis for claim. Legal name and address of claimant en	itty
or person. Date upon which and reason why claim arose. Asserted damages by bo	oth,
amount and type. Whether a claim for attorney's fees or costs is involved. Claima	ints
knowledge of any third party or indemnifying party with an interest in the alledged cla	aim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  2020 Harbourside Drive, #444  Longboat Key, FL 34228	Zin sep 30 p 3 45
A claim against the above named limited liability company will be barred unless a proceeding to enforciaim is commenced within 4 years after the filing of this notice.	rce the
Lynn Kitchen	"

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing