

L16 000165389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

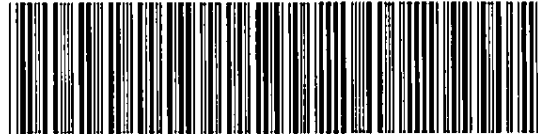
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2024

2024 DEC 27 PM 2:14

**ARTICLES OF DISSOLUTION**  
**OF**  
**AMS UNIFORMS, LLC**

1. The name of the limited liability company is AMS Uniforms, LLC (the "Company").
2. The Articles of Organization of the Company were filed on September 7, 2016 and assigned document number L16000165389.
3. These Articles of Dissolution shall be effective on the date on which these Articles of Dissolution are filed with the Office of the Secretary of State of the State of Florida.
4. Pursuant to and in accordance with sections 605.0707 and 605.0701(2), Florida Statutes, the dissolution of the Company was approved by unanimous consent of the members of the Company.

IN WITNESS WHEREOF, the undersigned authorized persons have duly executed these Articles of Dissolution of the Company as of this 26<sup>th</sup> day of December, 2024.

**MEMBERS:**

DocuSigned by:  
*Jeffrey Schottenstein*  
By: 2883D4E7DDCF94C6...  
Name: Jeffrey Schottenstein

DocuSigned by:  
*Daniel Sisisky*  
By: 063774CB6724B4D1...  
Name: Daniel Sisisky

FILED  
2024 DEC 27 PM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**  
**OF**  
**AMS UNIFORMS, LLC**

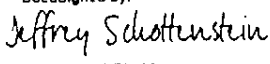
This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in section 605.0712, Florida Statutes.

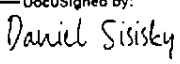
1. The name of the limited liability company is AMS Uniforms, LLC (the "Company").
2. The document number of the Company is L16000165389.
3. The date of dissolution of the Company was December 26, 2024.
4. The information that must be included in a written claim is:
  - 4.1. Date(s) claim(s) arose;
  - 4.2. A copy of any written contract, agreement, statement or other document substantiating the claim(s);
  - 4.3. Any other proof, evidence or substantiation of the claim(s);
  - 4.4. A description of any legal action or legal proceeding that has been filed to enforce or perfect the claim(s);
  - 4.5. Dollar amount, if any, of the claim(s);
  - 4.6. Specific remedy sought; and
  - 4.7. Contact information of claimant and/or the claimant's authorized representative.
5. The mailing address where claims can be sent is:

McDermott Will & Emery LLP  
Attn: Gregory M. Weigand, Esq.  
333 SE 2<sup>nd</sup> Avenue, Suite 4500  
Miami, Florida 33131
6. A claim against the Company will be barred unless a proceeding to enforce the claim(s) is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

*[Signatures appear on the following page.]*

**MEMBERS:**

DocuSigned by:  
  
By: 28B3D4F7DDE94C6  
Name: Jeffrey Schottenstein

DocuSigned by:  
  
By: 9E37ACB8724B4D7  
Name: Daniel Sisisky