U16000194927

(Req	uestor's Name)			
DDA)	ress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600378374026

322 JAN -3 BN 9: 48

RECEIVED

2022 JAN -3 AM II: 57

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT#

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

Phone: 850-558-1500							
ACCOUNT NO. : I2000000195	ACCOUNT NO. : I2000000195						
REFERENCE : 356026 72136	72						
AUTHORIZATION :	,						
COST LIMIT : \$ 25.00	<i>_</i>						
ORDER DATE: December 30, 2021							
ORDER TIME : 10:47 AM							
ORDER NO. : 356026-015							
CUSTOMER NO: 7213672							
DOMESTIC FILINGS							
NAME: FGI METROLINA GP, LLC							
XX ARTICLES OF DISSOLUTION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER'S INITIALS:

COVER LETTER

	Registration Section Division of Corporations							
SUBJEC	FGI Metrolina GP, LLC							
50 50 00	(Name of Limited Liability Company)							
The enclo	ised Articles of Dissolution and fee(s) are submi	itted for filling.						
Please ret	urn all correspondence concerning this matter to	the following:						
	Khalif Timberlake							
	(Na	me of Person)						
	Purrington Moody Weil LLP							
	(Fi	rm/Company)						
	245 East Friendly Avenue Suite 200							
		(Address)						
	Greensboro, NC 27401							
	(City/St	ate and Zip Code)						
For furthe	r information concerning this matter, please call	l:						
ŀ	Khalif Timberlake	336 510-5880						
_	(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed is	a check for the following amount:							
≡ s	25.00 Filing Fee and Certificate of Dissolution	[] \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
	<u> 1ailing Address:</u>	Street Address:						
	Registration Section Division of Corporations	Registration Section Division of Corporations						
	P.O. Box 6327 The Centre of Tallahassee							
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	ility company is			
2.	The Articles of Organizatio	on were filed on October 20, 2016 and assigned			
	document number L160001	94927			
3.	(effective Note: If the date inserted in	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is received for this block does not meet the applicable statutory filing requirements, this date ctive date on the Department of State's records.	filing) will not be		
 A description of occurrence that resulted in the limited liability company's dissolution pursuant to s 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Section 605.0701(2) - The consent of all the members to dissolve the limited liability company. 					
		ascard of an are memoers to dissolve the fillined natural company.	2		
			127		
5.	If there are no members, en	ter the name and address of the person appointed to wind up the compa	uny's_		
	activities and affairs:	N/A	<u>დ</u>		
					
6. 1 b 0	Signature of an authorized pove to wind up the company	person or if there are no members, the signature of the person appointed's activities and affairs:	—— l and listed		
_/	Will C	D. Kyle Cerminara December 30, 2021			
Ţ	Signature	Printed Name			

FILING FEE: \$25.00