

7/11/2019

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
**H1600210596**

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : DUANE MORRIS LLP  
 Account Number : 11444111111111111111  
 Phone : (305)960-2217  
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2019 JUL 11 PM 3:24

**LLC DISSOLUTION OR WITHDRAWAL**  
**LCM AZOLA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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**ARTICLES OF DISSOLUTION  
FOR  
LCM AZOLA LLC**

1. The name of the limited liability company is **LCM AZOLA LLC**, a Florida limited liability company (the "Company").
2. The Company was formed pursuant to the Articles of Organization which were filed with the Florida Department of State, Division of Corporations, on November 17, 2016 and assigned document number L16000210596.
3. The effective date of the Company's dissolution is as of the date of this filing.
4. The Company is being dissolved in accordance with the unanimous written consent of all of the Company's Members.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. All remaining property and assets have been distributed among the Company's Members in accordance with their respective rights and interests.
7. There are no suits pending against the Company in any court.

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The undersigned authorized Manager has executed these Articles of Dissolution as of this 28th day of June, 2019.

By:   
**STEPHAN DE-SABRIT, Manager**

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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.

Name of Limited Liability Company: LCM AZOLA LLC

Document number of Limited Liability Company is: L16000210596

Date of dissolution was: 06 / 28 / 2019

Description of information that must be included in a written claim:

A reasonable description of the claim, including the amount claimed  
and circumstances surrounding the claim. The identity of the claimant.  
The mailing address of the claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1001 Brickell Bay Dr., Ste. 2406

Miami, FL 33131

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Stephan de Sabrit, Manager

Printed Name of the Person Filing

  
Signature of the Person Filing

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