

L16000 2325108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

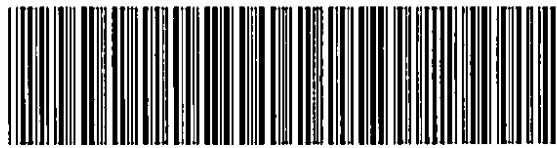
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Special Instructions to Filing Officer:

J. HORNE
DEC 17 2024

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2024 DEC 16 AM 10:51 2024 DEC 16 PM 3:56
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J. HORNE
DEC 17 2024



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/16/2024

Name: Cheyanne Davis

Reference #: 2595620

Entity Name: MASSIMINO GIDNEY DEVELOPMENT, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: Cheyanne Davis

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COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

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103 LEIGHTON RD, CAUSEWAY BAY
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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 12/16/2024

Name: Cheyanne Davis

Reference #: 2595620

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- Other _____

Authorized Amount: \$25.00

Signature: Cheyenne Davis

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Massimino Gidney Development, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amra Hosو

(Name of Person)

Faegre Drinker Biddle & Reath LLP

(Firm/Company)

2200 Wells Fargo Center, 90 S 7th Street

(Address)

Minneapolis, MN 55402

(City/State and Zip Code)

For further information concerning this matter, please call:

Amra Hosو

612 766-8756

(Name of Person)

at () (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2024 DEC 16 AM 10:52
FLORIDA SECRETARY OF STATE
RECEIVED
FLORIDA SECRETARY OF STATE
2024 DEC 16 AM 10:52

1. The name of a limited liability company is

Massimino Gidney Development, LLC

2. The Articles of Organization were filed on 12/27/2016 and assigned

document number L16000232568

3. The 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 listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Entity ceased operations.

Entity ceased operations.

Entity ceased operations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Ben Massimino

Printed Name

FILING FEE: \$25.00

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

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

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.

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

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at (_____) (Area Code & Daytime Telephone Number)

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