000023466

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_ PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
Special mondered to runing streets				
Q. SILAS				
APR 26 2002				

Office Use Only



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2022 APR 25 AM 9: 03

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2022 APR 25 AM 11:01

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 --850-656-4724

Acc#I20160000072

4: 1 DW

04/25/2022

Date:

Name:	Tuskawilla Retail Partners, LLC
Document #:	
Order #:	14282908 - 9
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tuskawilla i	Retail Partners, LLC	. <u></u>	<u> </u>
DOCUMENT NUMB	ER:		
The enclosed Notice of	Limited Liability C	ompany Dissolution and	fee are submitted for filing.
Please return all corres	pondence concerning	this matter to the following	ıg:
Jack Stoffer			
	(Name of C	Contact Person)	
Nelson Mullins Riley & Sca	arborough, LLP		
	(Firm	/Company)	
201 17th Street NW, Suite	1700		
	(Ad	dress)	
Atlanta, GA 30363			
	(City/State	e and Zip Code)	······································
For further information	concerning this matt	er, please call:	
Jack Stoffer		at (404 322-6	
(Name of Co	ontact Person)	(Area Code) (I	Daytime Telephone Number)
Enclosed is a check for	the following amoun	it:	
<u>~</u>	US30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy (Additional copy is enclosed)	¹ \$60 Filing Fee, Certificate of Status & 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

FILED

Notice of Limited Liability Company Dissoling APR 25 AM 9: 03

NOTE: This page is optional

SECRETARY OF STATE

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:Tuskawilla Retail Partners, L	
Document number of Limited Liability Company is:	66
Date of dissolution was: April 20th, 2022	
Description of information that must be included in a written cla	im:
The request must contain the following information: (a) name and addi	ress of the claimant; (b) telephone number
(including area code) where claimant may be contacted during normal	business hours concerning the claim; (c)
description and amount of the claim; (d) the date(s) the transaction or c	eventsgiving rise to the claim arose or
occured; and (e) any other pertinent information and documentation co	oncerning the claim.
Mailing address where claims can be sent: (Claims cannot be sent \$80 Glenwood Avenue SE	nt to the Division of Corporations)
Suite II	
Atlanta, GA 30316	
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice. Catalyst Development Partners II, LLC by Rob Meyer	-Oncodegreed by
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