

Florida Department of State  
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To:

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

From:

Account Name : GUNSTER, YOKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
Fax Number : (561)671-2527

LLC DISSOLUTION OR WITHDRAWAL  
KT SEABREEZE ATLANTIC GP LLC

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**ARTICLES OF DISSOLUTION  
FOR A  
FLORIDA LIMITED LIABILITY COMPANY  
  
KT SEABREEZE ATLANTIC GP LLC**

*Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:*

1. The name of the limited liability company is KT SEABREEZE ATLANTIC GP LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on August 8, 2017, and assigned Document Number L17000169389.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by joint written consent of the manager and the holder of all of the issued and outstanding membership interests in the Company (the "Member"), dated as of September 1, 2021.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the Member.
6. There are no suits pending against the Company in any court.

**IN WITNESS WHEREOF**, the undersigned hereby executes these Articles of Dissolution as of the 1<sup>st</sup> day of September, 2021.

**MANAGER:**

**THE KOLTER GROUP LLC**

/s/ William Johnson

By: \_\_\_\_\_

Name: William Johnson

Title: Manager

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving 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.

Name of Limited Liability Company:      KT SEABREEZE ATLANTIC GP LLC

Document Number of Limited Liability Company: L17000169389.

Date of Dissolution: The dissolution of the Company shall be effective upon the date of filing of the Articles of Dissolution with the Secretary of State of Florida.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: KT Seabreeze Atlantic GP LLC, 105 NE 1<sup>st</sup> Street, Delray Beach, Florida 33444, Attn: William Johnson.

A claim against KT Seabreeze Atlantic GP LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**MANAGER:**

THE KOLTER GROUP LLC

/s/ William Johnson

By: \_\_\_\_\_

Name: William Johnson

Title: Manager