

Division of Corporations

Florida Department of State
Division of Corporations
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L 17000180674

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To:

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

From:

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

2024 MAR 27 PM 1:21
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
MS TRANSITION, LLC

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

MAR 27 2024

H24000114455

**ARTICLES OF DISSOLUTION
FOR
MS TRANSITION, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

MS TRANSITION, LLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

1. The name of the Company is MS TRANSITION, LLC.
2. The Articles of Organization were filed on August 23, 2017, effective as of February 13, 1960, and assigned document number L17000180674.
3. The effective date of the Company's dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. The occurrence that resulted in the dissolution was the consent in writing of all the members of the Company to the dissolution of the Company pursuant to Section 605.0701 of the Act.

MS TRANSITION, LLC,
a Florida limited liability company

By: [Signature]
William J. Wolf, Manager

Date: 3/26/24

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TALLAHASSEE, FLORIDA

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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 Section 605.0712, F.S.

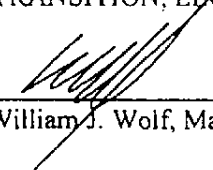
This "*Notice of Dissolution*" is optional and is not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: MS TRANSITION, LLC
2. Document number of Limited Liability Company is: L17000180674.
3. Effective date of dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

MS TRANSITION, LLC
Attention: William J. Wolf
4685 118th Avenue N
Clearwater, FL 33762

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.

MS TRANSITION, LLC

By: 
William J. Wolf, Manager

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SECTION 605.0712
FALLAHASSEE, FLORIDA

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