

L17000200735  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON  
Account Number : 076375001555  
Phone : (803)255-9617  
Fax Number : (561)483-7321

2024 MAR 14 AM 7:50  
STATE CONSULTATION

LLC DISSOLUTION OR WITHDRAWAL  
SMITH HOGAN LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MAR 15 2024

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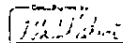
**ARTICLES OF DISSOLUTION  
OF  
SMITH HOGAN LLC  
(Document No. L17000200735)**

Pursuant to the applicable provisions of Chapter 605, Florida Statutes, the undersigned limited liability company submits the following Articles of Dissolution:

- FIRST: The name of the limited liability company is: SMITH HOGAN LLC.
- SECOND: The effective date of the limited liability company's dissolution shall be the date of filing of these Articles of Dissolution.
- THIRD: The requisite members of the limited liability company consented in writing to dissolve the limited liability company.
- FOURTH: To the extent that the limited liability company has property and assets, such property and assets have been distributed to its members in accordance with their respective rights and interests.
- FIFTH: The manager of the limited liability company shall wind up the limited liability company's activities and affairs.

Signed effective as of March 12, 2024.

**MANAGER:**

  
\_\_\_\_\_  
Michael Smith

2024 MAR 14 AM 7:50  
TALLEH ASSOCIATES, P.A.

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**NOTICE OF DISSOLUTION  
FOR  
SMITH HOGAN LLC**

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.

Name of Limited Liability Company: SMITH HOGAN LLC

Document No. of Limited Liability Company: L17000200735

Date of dissolution: The date of filing of the Certificate of Dissolution with the Department of State.

Description of information that must be included in a claim:

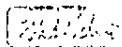
1. Full legal name, address and telephone number of claimant; and
2. Complete description, date and amount of claim.

Mailing address where claims can be sent:

15491 Estancia Lane  
Wellington, FL 33414

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

Signed this March 12, 2024.

  
\_\_\_\_\_  
Michael Smith, Manager

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