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407.244.5690

From: Orlando Office Carrie Ramos

Florida Department of State

Division of Corporations
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To:

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

PLEASE NOTE EFFECTIVE DATE

From: **Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

LLC DISSOLUTION OR WITHDRAWAL RON JON ASBURY AVE, LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
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CLERK OF COURT
DALLANACSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
RON JON ASBURY AVE, LLC

Pursuant to Section 605.0707, *Florida Statutes*, this Florida limited liability company submits the following articles of dissolution:

ARTICLE I

The name of the limited liability company is Ron Jon Asbury Ave, LLC (the "Company"). The Company's Articles of Organization were filed on August 31, 2018 and assigned document number L18000208722.

ARTICLE II

The dissolution is effective as of January 31, 2025.

ARTICLE III

The occurrence that resulted in the Company's dissolution pursuant to Section 605.0701, *Florida Statutes*, was the decision to dissolve the Company by the sole member of the Company, which was approved by the unanimous written consent of the sole member and managers of the Company.

[Remainder of page intentionally left blank; signature page follow]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution as
of the 7th day of January, 2025.

RON JON ASBURY AVE, LLC,
a Florida limited liability company

By: 

Karen Collins, Manager

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ALACHUA COUNTY, FLORIDA

H25000034495 3**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, *Florida Statutes*.

NAME OF LIMITED LIABILITY COMPANY:

Ron Jon Asbury Ave, LLC

DOCUMENT NUMBER OF LIMITED LIABILITY COMPANY:

L18000208722

DATE OF DISSOLUTION:

January 31, 2025

INFORMATION THAT MUST BE INCLUDED IN CLAIM:

1. Name of Claimant
2. Address of Claimant
3. Amount of Claim(s)
4. Description of facts giving rise to Claim
5. Claimant contact person and contact information

MAILING ADDRESS WHERE CLAIMS CAN BE SENT:

3850 South Banana River Boulevard
Cocoa Beach, FL 32931

A claim against the above-named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

RON JON ASBURY AVE, LLC
a Florida limited liability company

By: _____

Karen Collins, Manager

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JANUARY 31 2025