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(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

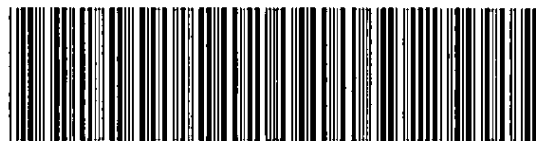
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DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 12/27

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DISSOLUTION

1. **SOLSTICE PARTNERS MANAGEMENT, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solstice Partners Management, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine M. Nuccio

(Name of Person)

Armstrong Teasdale LLP

(Firm/Company)

7700 Forsyth Blvd., Suite 1800

(Address)

St. Louis, MO 63105

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine M. Nuccio

(Name of Person)

314

259-4749

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &
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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Solstice Partners Management, LLC

2. The Articles of Organization were filed on 9/24/2018 and assigned
document number L18000226818

3. The delayed effective date the dissolution is not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Upon the filing of the articles of dissolution, the limited liability company shall cease conducting its business

and shall continue solely for the purpose of winding up its affairs in accordance with Section 605.0709, except

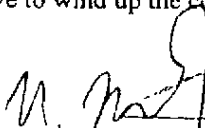
for the purpose of lawsuits, other proceedings, and appropriate action as provided in this chapter.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NJM Agency Limited, Member

2311 Somerset Place

Naples, FL 34120

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:



Signature

By: Nicholas McCarty

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Solstice Partners Management, LLC

Document number of Limited Liability Company is: L18000226818

Date of dissolution was: December 27, 2023

Description of information that must be included in a written claim:

Each claim must include the name, address and telephone number of the claimant; the amount of the claim; the basis for the claim; the date the event on which the claim is based occurred; whether the claim is secured, and if so, the nature of the security; and documentation of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Nicholas McCarty

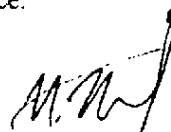
2311 Somerset Place

Naples, FL 34120

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.

Nicholas McCarty

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