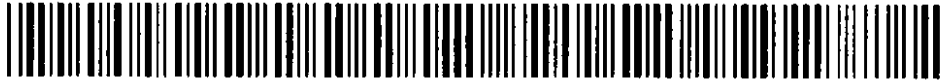


LI8000239453

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000043790 3)))



H240000437903ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & COZART, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

FILED
2024 FEB -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

LLC DISSOLUTION OR WITHDRAWAL
SHOEMAKER SUB LOT 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

FEB 1 2024
9:01 AM

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu


Help

(((H24000043790 3)))

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

1. The name of a limited liability company is
SHOEMAKER SUB LOT 2, LLC
2. The Articles of Organization were filed on October 17, 2018 and assigned
document number L18000239453
3. The delayed effective date the dissolution if 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).
Consent of the sole member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Peter Edelstein
1347 Elysium Blvd.
Mount Dora, FL 32757
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

Peter Edelstein

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FL
FEB 1 2024

2024 FEB - 1 AM 9:01

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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: Shoemaker Sub Lot 2, LLC

Document number of Limited Liability Company is: L18000239453

Date of dissolution was: Upon filing

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

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

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

1347 Elysium Blvd.

Mount Dora, FL 32757

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.

Peter Edelstein

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

(((H24000043790 3)))