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Division of Corporations



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

Account Name	:	C I CORPORATION SYSTEM
Account Number	:	FC4000000003
Phone	:	(954)208-0345
Fax Number	:	(614)573-3996

# LLC DISSOLUTION OR WITHDRAWAL

## BUCKINGHAM CLUB MHC, LLC

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### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is BUCKINGHAM CLUB MHC, LLC

2. The Articles of Organization were filed on 11/13,2018 and assigned

document number <u>L18000264982</u>

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

The Company has terminated its business.

Signature

	nter the name and address of the person appointed to wind	i up me company	$\geq$
activities and affairs:	Hugh Reid, Jr.		Ř
	e/o Becher, Nall, Brydon, Spahn & Company		$\sim$
	Aun: Herbert Spahn III		$\mathfrak{a}$
	7900 NW 155th Street, Suite 201	<u> </u>	
	Miami Lakes, FL 33016		<u> </u>
			$\sim$

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:

High Reid, Jr.

Printed Name

FILING FEE: \$25.00

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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.

BUCKINGHAM CLUB MHC/LLC Name of Limited Liability Company:\_\_\_\_\_

L18000264982 Document number of Limited Liability Company is:\_\_\_\_\_

Date of dissolution was:

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

1. Full name and address of claimant,

2. Brief statement of the claim, including the date the claim arose and the amount of the claim, accompanied by a

\_. . \_\_\_\_ . \_\_ \_ \_\_ \_ \_ \_ \_

copy of all relevant documentation such as purchase orders or contracts and invoices

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

c/o Becher, Nall, Brydon, Spahn & Company

Ann Herbert Spahn III

7900 NW 155th Street, Suite 201

Miami Lakes, FL 33016

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.

Hugh Reid, Jr.

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