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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT M	AIL				
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status _					
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MAY 1 6 2022 D COMMELL CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 672425 8351815

Signer

AUTHORIZATION :

COST LIMIT : \$ (2'5_00

ORDER DATE : May 12, 2022

ORDER TIME : 1:45 PM

ORDER NO. : 672425-010

CUSTOMER NO: 8351815

DOMESTIC FILINGS

NAME: VALENCIA MM LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

COVER LETTER

. .

TO:

	tration Section ion of Corporations				
N BJECT: _	/alencia MM LLC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limi	ted Liability Compa	ny)		
	Articles of Dissolution and fee(s) are submi	_			
ise return a	Il correspondence concerning this matter to	the following:			
	Hanna Jamar				
	(Na	me of Person)			
	Lincoln Avenue Capital				
	(Fir	m/Company)	f		
	680 5th Avenue, 17th Floor				
		(Address)			
	New York, NY 10019				
	(City/St	ate and Zip Code)			
further info	ormation concerning this matter, please call	l:			
Hanr	na Jamar	646	585-5527		
	(Name of Person)	at (ode & Daytime Telephone Number)		
losed is a cho	eck 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)			
<u>Mailir</u>	ng Address:	Street Address	<u>:</u>		
Registration Section Division of Corporations		Registration Section			
	Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Valencia MM LLC	ity company is			·
2.	The Articles of Organizatio	n were filed on March 13, 20)19	_ and assigned	
	document number L190000	63826			
3.	(effective Note: If the date inserted in the second control of the	he dissolution if not effective date cannot be prior to or more tha his block does not meet the app tive date on the Department of	n 90 days later than date (licable statutory filing)	document is received for	
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited licopy 605.0707 on back cove	ability company's di	ssolution pursuant to	section
	Business Closure		, .		
				(F) (7) (7) (7) (7) (7)	2022 ILAY
				立 () ()	N 13
	If there are no members, enactivities and affairs:	er the name and address of the Jeremy S. Bronfman	he person appointed t	o wind up the compa	ıny s
		401 Wilshire Blvd., Suite 1	070		
		Santa Monica, CA 90401			
6. ab	Signature of an authorized pove to wind up the company	person or if there are no mem is activities and affairs:	bers, the signature of	the person appointed	and listed
	Bul -	Je	eremy S. Bronfman, N	<i>M</i> anager	
	Signature		Printed	Name	

FILING FEE: \$25.00