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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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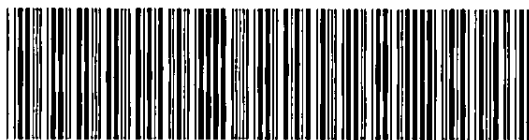
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Norris McGlynn Properties 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:

John P. McGlynn

(Name of Person)

(Firm/Company)

298 NE Wavecrest Ct.

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

John McGlynn

(Name of Person)

at (

313)

378-8740

(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

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State: NORRIS MCGLYNN PROPERTIES LLC

The document number of the limited liability company: L19000100044

The file date of the articles of organization: April 10, 2019

The effective date of the dissolution if not effective on the date of filing: April 2, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

DECISION TO CLOSE THE COMPANY

The name and address of person(s) authorized to manage LLC:

Title: AMER  
JOHN P MCGLYNN  
298 NE WAVECREST CT  
BOCA RATON, FL. 33432 US

Title: AMER  
SANDRA NORRIS  
298 NE WAVECREST CT  
BOCA RATON, FL. 33432 US

The name and address of the person appointed to wind up the company's activities and affairs:

JOHN P MCGLYNN  
298 NE WAVECREST CT  
BOCA RATON, FL 33432-4156

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN P MCGLYNN

Electronic Signature of authorized person

