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Division of Corporations

# L19000148058

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

From:

Account Name : SMITH HULSEY & BUSEY  
Account Number : 075030000653  
Phone : (904)359-7700  
Fax Number : (904)359-7708

## LLC DISSOLUTION OR WITHDRAWAL VOXTUR 1, LLC

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
OF  
VOXTUR 1, LLC**

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**ARTICLE I**

The name of this limited liability company is Voxtur 1, LLC (the "Company").

**ARTICLE II**

The Articles of Organization of the Company were filed on June 12, 2019, and assigned Document Number L19000148058.

**ARTICLE III**

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on December 6, 2024, and shall be effective as of the date of filing of the Articles of Dissolution.

**ARTICLE IV**

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

**ARTICLE V**

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

**ARTICLE VI**

There are no suits pending against the Company in any court.

Dated this 6<sup>th</sup> day of December, 2024.

VOXTUR 1, LLC

By: 

James E. Albertelli  
Manager

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## Notice of Limited Liability Company Dissolution

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: Voxtur 1, LLC

Document number of Limited Liability Company is: L19000148058

Date of dissolution was: December 11, 2024

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

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim,

the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

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

5404 Cypress Center Dr., Suite 300, Tampa, FL 33609

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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.

James E. Albertelli

Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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