

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

LLC DISSOLUTION OR WITHDRAWAL
WINDY STRATEGIC INVESTMENT MANAGEMENT, LLC

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY
WINDY STRATEGIC INVESTMENT MANAGEMENT, LLC**

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is WINDY STRATEGIC INVESTMENT MANAGEMENT, LLC (the "Company").

2. The Articles of Organization were filed with the Florida Department of State on August 29, 2019, and assigned Document Number L19000215498.

3. These Articles of Dissolution shall be effective upon filing with the Florida Department of State.

4. All members have consented to the dissolution of the limited liability company.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of the 5th day of December, 2019.


C. DANIEL RICE
Authorized Representative

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution ("Notice") is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: Windy Strategic Investment Management, LLC (the "Company").

Document Number of Limited Liability Company: L19000215498.

Date of Dissolution: The date the Articles of Dissolution of the Company are filed with the Florida Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: C. Daniel Rice, 50 N. Laura Street, #1700, Jacksonville, FL 32202.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.


C. DANIEL RICE

Authorized Representative