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Florida Department of

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PURCELL, FLAN, JAN, HAY & GREENE, P.I.

Account Number : 071722000522 : (904)355-0355 Phone : (904)355-0820_{ee} Fax Number

LLC DISSOLUTION OR WITHDF AWAL NEW DECO TWO, LLC

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ARTICLES OF DISSOLUTION CF NEW DECO TWO, LLC

DOCUMENT NUMBER: L19000250 37

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:

- The name of this limited liability company is: NEV DECO TWO, LLC. 1.
- 2. The Articles of Organization were filed on October 17, 2019, and assigned Document Number: L19000250337.
 - 3. The Articles of Dissolution are to be effective the \dot{c} te of filing.
- Dissolution was approved by unanimous written ectsent of the Members on April

TN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution as of the 27 day of April, 2022.

NEW DECO TYTO, LLC

Husein A. Cumber, Manager

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NOTICE OF DISSOLUTION NEW DECO TWO, LLC

DOCUMENT NUMBER: L19000250337

This Notice of Limited Liability Company Dissolution ("Notice") is submitted by the dissolved limited liability company for resolution of payment counknown claims against this limited liability company as provided in Section 605.0712, Floride Statutes.

1. Name of dissolved limited liability company:

NEW DECO TWO, LLC

- 2. Effective Date of Dissolution: The date the Articles of Dissolution of the above named limited liability company are filed with the Florida Department of State.
 - 3. 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 claims: t.
 - (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 citim or upon which the claim is based.
 - (e) A statement of whether or not the claimant has 7 her claims against the company or its managers, officers, agents or representative), in their capacities as such, and, if the claimant states that the claimant has other claima, a statement of whether or not such other claims are being submitted pursuant to this force, or if such other claims will not be so submitted, a statement as to the reason why.
- 4. 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: Husein A. Cumber, 2325 River Road, Jackronville, Florida 32207.
- 5. Any claim against the above named limited liability company shall be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

NEW DECO TWG, LLC

Husein A. Cumbir, Manager

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