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To:

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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)346-5702  
Fax Number : (904)396-0663

**LLC DISSOLUTION OR WITHDRAWAL  
FREEZETTE COMMISSARY, LLC**

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

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 11 2024

**ARTICLES OF DISSOLUTION  
OF  
FREEZETTE COMMISSARY, LLC**

Pursuant to Section 605.0707, Florida Statutes, **FREEZETTE COMMISSARY, LLC**, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

**ARTICLE I  
NAME**

The name of the Company is: **FREEZETTE COMMISSARY, LLC**.


**ARTICLE II  
ADOPTION OF DISSOLUTION**

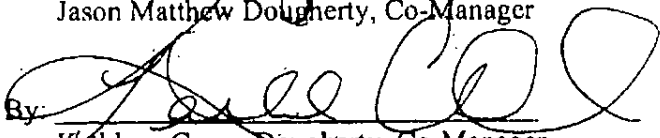
The occurrence that resulted in the Company's dissolution was the requisite written consent of all the members of the Company in accordance with Section 605.0701(2), Florida Statutes.

**ARTICLE III  
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

**IN WITNESS WHEREOF**, the undersigned, being duly authorized, has caused these Articles of Dissolution to be executed on April 9, 2024.

By:   
Jason Matthew Dougherty, Co-Manager

By:   
Kathleen Cavan Dougherty, Co-Manager

2024 APR 10 AM 9:34

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION  
OF  
FREEZETTE COMMISSARY, LLC**

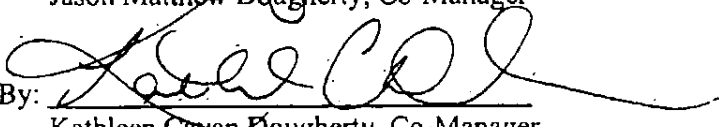
This Notice of Limited Liability Company Dissolution is submitted by **FREEZETTE COMMISSARY, LLC**, a dissolved Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: **FREEZETTE COMMISSARY, LLC.**
2. Date of Dissolution will be the date the dissolution is filed by the Secretary of State of the State of Florida.
3. Description of information that must be included in a claim:
  - a. Name, address and phone number of the claimant;
  - b. The amount of the claim;
  - c. The date the claim arose; and
  - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this Notice of Limited Liability Company Dissolution must be in writing.
5. Mailing address where claims can be sent:

710 S. 8<sup>th</sup> Street  
Fernandina Beach, FL 32034
6. A claim against the above named limited liability company will be barred unless an action to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

**IN WITNESS WHEREOF**, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by the undersigned Co-Managers.

By:   
Jason Matthew Dougherty, Co-Manager

By:   
Kathleen Cavan Dougherty, Co-Manager