Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL TOWN CENTER MARKET, LLC

Certificate of Status	0
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Town CENTER MARK		and the second s	
2. The Articles of Organiza	ation were filed on	May 4, 2021 and assigned	
document number 1.210	000193784		
(effective that is seried	nive date connot be print in this block dues not	not effective on the date of filing: to or more than 90 days later than date document is receive meet the applicable statutory filing requirements, this epartment of State's records.	d for (fling) date will not its
4. A description of occurre 605,0707, Florida Statute	nce that resulted in tes, (copy 605.0707 o	he limited liability company's dissolution pursual in hack cover letter).	nt to section
Consent of the Member	.,		
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			1,21
 If there are no members, activities and affairs: 	enter the name and Erean Ekinici	address of the person appointed to wind up the eq	нпрапу's
4993 Outlook Drive Melbourne, FL 32940		····	
		FL 32940	
•			
 Signature of an authorize above to wind up the compa 	ed person or if there and a	are no members, the signature of the person appo- flairs:	inted and liste
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rean Plane		Freun Ekinici	
Signature		Printed Name	

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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,

	er Market, LLC.
Document number of Limited Liability Company	1.21(8H)193784
Date of dissolution was: Upon tiling	
Description of information that must be included	in a written elaim:
Name of Claimant:	
Address of Chimant	
Amount of Chain:	in the second of
Basis of Claim:	
	C
Mailing address where claims can be sent: (Clain Fream Fkinici 4993 Outlook Drive	ns cannot be seal to the Division of Corporations)
Melbourne, FL 32940	
•	company will be barred unless a proceeding to enforce the
Frean Ekinici	ercan elynon
Printed Name of the Person Filing	Signature of the Person Eding

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