PAGE 1/3



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000289284 3)))



H240002892943ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

cĭ:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 Phone : (305)388-7028 Fax Number : (305)479-2705

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LM.H WOODEN REELS LLC

Certificate of Status	0
Certified Copy	()
Page Count	0.3
Estimated Charge	\$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 1 The name of a limited liability company is

1	The name of a limited liab	•		_·		
2.	The Articles of Organizati	on were filed on 06/24/2021	and assigned			
	document number L21000.	292951				
; .	Note: If the date inserted in	lelayed effective date the dissolution if not effective on the date of filing: 08/22/2024 (effective date cannot be prior to or more than 90 days later than date document is received for filing): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be last the document's effective date on the Department of State's records.				
l.	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.070%. Florida Statutes, (copy 605.070% on back cover letter).					
	Business is no longer operativ	Business is no longer operative and has no activity.				
	Business is no longer operativ		2	2024		
	If there are no members, enactivities and affairs:	nter the name and address of the person	n appointed to wind up the company'	MUG 28		
		7951 Riviera Blvd. Suite 101		3 28 AH		
		Miramar, Fl 33023		= -		
			~; 	.		
ib	Signature of an authorized ove to wind up the compan	person or if there are no members, the y's activities and affairs:	signature of the person appointed an	- id listed		
	$M \vee I \setminus I$	MARIANO	H. HECIMOVIC			
	Signature		Printed Name	_		
	(FILING FEE: \$25.00				

+13054792705 PAGE 3/3

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.

Name of Limited Liability Company: LM.H WOODEN REE	LS LLC
L2100 Document number of Limited Liability Company is:	0292951
Date of dissolution was:	
Description of information that must be included in a written	en claim:
Contact Info.	
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
7951 Riviera Blvd. Suite 101 Miramar, FL 33023	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n	
MARIANO H HECIMOVIC	////
Printed Name of the Person Filing	Signature of the Person Filing