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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 : (305)530-9400 Fax Number : (305)530-9409

LLC DISSOLUTION OR WITHDRAWAL MCCALLAN PARTNERS, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$60.00

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Corporate Filing Menu

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To: 8506176383 · From: 3055309409

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COVER LETTER .

TO:	Registration Section
	Division of Corporations

SUBJECT: _	MCCALL	AN PARTNERS, LLC
- · · · · -	(Name of Limi	ted Liability Company)
The enclosed .	Articles of Dissolution and fee(s) are submi	tted for filing.
Please return s	all correspondence concerning this matter to	the following:
	JAN S. NEIMAN, ESQ.	
	(Nai	me of Person)
	NEIMAN & INTERIAN, PLLC	
	(Fir	m/Company)
	980 NORTH FEDERAL HIGHWAY, S	UITE 440
		(Address)
	BOCA RATON, FLORIDA 33432	
	(City/St	ate and Zip Code)
For further inf	formation concerning this matter, please call	l:
JAN	S. NEIMAN, ESQ.	561 391-1266 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	neck for the following amount:	
\$25.0	0 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	ing Address:	Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
	Box 6327	The Centre of Tallahassee
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

To: 8506176383 ·

From: 3055309409

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	The name of a limited liability company is MCCALLAN PARTNERS, LLC		
	03/29/2022	_,	
	The Articles of Organization were filed onand assignedand assigned		
	document number		
	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will listed as the document's effective date on the Department of State's records.	g) I not be	
	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).	tion	
	All of the Members unanimously consented to the dissolution of the company.	_	
		_	
		-	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	s	
	· · · · · · · · · · · · · · · · · · ·	_	
		_	
		_	
b	Signature of an authorized person or if there are no members, the signature of the person appointed an ove to wind up the company's activities and affairs:	d liste	
	Silvia Jaramillo Fernandez, Manager		
	Silvia Jaramillo Fernandez, Manager Signature Printed Name		
	FILING FEE: \$25.00		
	:. N		

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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.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Detailed description of claim together with proof of claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
c/o Westend of Miami
2600 NW \$7th Avenue
Suite 33
Doral, Florida 33166
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Silvia Jaramillo Fernandez
Printed Name of the Person Filing Senature of the Person Filing

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