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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: KATZ BARRON Account Name Account Number: 072627002473 : (305)856-2444 Phone

Fax Number : (954)888-2086

LLC DISSOLUTION OR WITHDRAWAL 1762 MONDRIAN CIRCLE, LLC

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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

FILED 2025 JUL 29 PM 4: 45 TALLAHASSEE FLORIDY

1762 MONDRIAN CIRCLE, LLC

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 the limited liability company is 1762 MONDRIAN CIRCLE, LLC (the Company").
- The Articles of Organization were filed with the Florida Department of State with an 2. effective date of April 18, 2022, and assigned Document Number L22000163051.
- 3. The dissolution shall be effective upon filing of the Articles of Dissolution with the Secretary of State of Florida.
- Pursuant to Section 605.0701 of the Act, dissolution was authorized by written consent of 4. the sole holder of all of the issued and outstanding membership interests in the Company, dated as of July 28, 2025.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of the 28th day of July, 2025.

MANAGER:

ADAM M. ARNOTT

/s/Adam M. Arnott

H250002645583

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY



This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability Company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: 1762 MONDRIAN CIRCLE, LLC

Document Number of Limited Liability Company: L22000163051

Date of Dissolution: The effective date of the dissolution shall be July 28, 2025

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 claimant.
- (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 claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

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: Adam M. Arnott, P.O. Box 2910, Windermere, Florida 34786.

A claim against 1762 Mondrian Circle, LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANAGER:

/s/Adam M. Arnott