## LZZ000251435

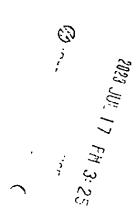
(Requestor's Name)					
(Address)					
(Address)					
	City/State/Zip/Phone #)				
(	City/State/Zip/Priorie #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	J DENNIS				
	JUL 1 8 2023				

Office Use Only



600412336146

SEGGETARY OF STATE OF SORPORATION 2023 JUL 17 AM 8: 22:



. TO:

Registration Section Division of Corporations

SUBJECT:	CDP Pensacola II QG, LLC					
JOBILET.	(Name of Limite	ed Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are submitted	ted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	Jordan Viera					
	(Name of Person)					
	Nelson Mullins Riley & Scarborough, LLP					
	(Firm/Company)					
	201 17th Street NW, Suite 1700					
		Address)				
	Atlanta, GA 30363					
	(City/Sta	ate and Zip Code)				
For further in	nformation concerning this matter, please call	:				
Jordan Viera		404 322-6169				
•	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a	check for the following amount:					
x \$25.00 Filing Fee and Certificate of Dissolution		\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## DocuSign Envelope ID: EADB4462-6810-4081-93AA-393C42CA3F00 ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabili	ty company is					
CDP Pensacola II QG, LLC				·		
2. The Articles of Organization document number L2200025		2022	and assigned			
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 not be listed as the document's effective date on the Department of State's records.						
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limit copy 605.0707 on back	ed liability compar cover letter).	y's dissolution pursuant to s	ection		
90 consecutive days have passe	90 consecutive days have passed during which the LLC had no members.					
5. If there are no members, ent activities and affairs:	er the name and address Robert Meyer  880 Glenwood Avenue S			SPURETARY OF STATE ATTENT OF STATE ATTENT		
	Atlanta, GA 30316			_		
6. Signature of an authorized pabove to wind up the company	person or if there are no 's activities and affairs:	members, the signa	ture of the person appointed	—- and listed		
to Mayer		Robert Meyer				
Signature	<del>-</del>	•	Printed Name			

FILING FEE: \$25.00

## 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: CDP Pensacola II C	OG, LLC
	2000251435
Date of dissolution was: July 17, 2023	<u> </u>
Description of information that must be included in a wr	ritten claim:
The request must contain the following information: (a) name	e and address of the claimant; (b) telephone number
(including area code) where claimant may be contacted durin	ng normal business hours concerning the claim; (c)
description and amount of the claim; (d) the date(s) the transa	action or eventsgiving rise to the claim arose or
occurred; and (e) any other pertinent information and docume	entation concerning the claim.
Mailing address where claims can be sent: (Claims cann 880 Glenwood Avenue SE, Suite H	ot be sent to the Division of Corporations)
Atlanta, GA 30316	
A claim against the above named limited liability compactain is commenced within 4 years after the filing of this	
Robert Meyer	For Mayer
Printed Name of the Person Filing	Signature of the Person Filing

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