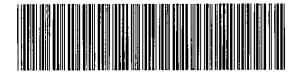
L22 000 283 587

| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cil | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



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05/01/23 01029-030 *25.00





COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| ADMD Townhouse LLC SUBJECT: | | | | | | |
| (Name of Limited Liability Company) | | | | | | |
| | | | | | | |
| The enclosed Articles of Dissolution and fee(s) are submi | (Name of Limited Liability Company) (Name of Limited Liability Company) (Of Dissolution and fee(s) are submitted for filing. (Sepondence concerning this matter to the following: (Sepondence concerning this matter to the following: (Sepondence concerning this matter to the following: (Firm/Company) (Hwy 59 (Address) (Address) (Sion, la 51442 (City/State and Zip Code) (Name of Person) (Area Code & Daytime Telephone Number) (The following amount: Fee and Certificate of Dissolution (Sepondence concerning this matter, please call: (Sepondence concerning this matter, please call: (City/State and Zip Code) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) | | | | | |
| Please return all correspondence concerning this matter to | | | | | | |
| | | | | | | |
| Mary Bruck | | | | | | |
| (Na | me of Person) | | | | | |
| | | | | | | |
| (Firm/Company) | | | | | | |
| 2457 Hwy 59 | 2457 Hwy 59 | | | | | |
| | (Address) | | | | | |
| Denison, la 51442 | Denison, la 51442 | | | | | |
| (City/St | ate and Zip Code) | | | | | |
| | | | | | | |
| For further information concerning this matter, please call | 1: | | | | | |
| Mary Bruck | 712 263-0757 | | | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | | |
| Carlo and is a should for the following amount: | | | | | | |
| Enclosed is a check for the following amount: | Fig. \$55 (V) Eding that Cartiffents of Dissolution & | | | | | |
| = 323.00 Fining Fee and Certificate of Dissolution | | | | | | |
| | | | | | | |
| Mailing Address: | Street Address: | | | | | |
| Registration Section | Registration Section | | | | | |
| Division of Corporations | • | | | | | |
| P.O. Box 6327 | | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | | |

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liabil ADMD Townhouse LLC | | | | |
|-----------|---|--|-----------------------|--|--|
| 2. | The Articles of Organizatio | n were filed on June 22, 2 | 2022 | and assigned | |
| | document number 1,220002 | 33587 | _ | | |
| 3. | 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 company | y's dissolution pursuant to section | |
| | Will not be using for rental pur | | | | |
| 5. | If there are no members, en | iter the name and address Mary Bruck | s of the person appoi | inted to wind up the company's | |
| | | 2459 Hwy 59 | | | |
| | | 2457 Hwy 59 Denison, 17 | 51442 | | |
| | | | | | |
| 6. abe | Signature of an authorized ove to wind up the company | person or if there are no set sactivities and affairs: | members, the signat | aire of the person appointed and liste | |
| | Maket Palu Signature | ell | lphil; | 21, 2023 | |

FILING FEE: \$25.00