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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
OAK RIDGE POD 9 LLC**

Certificate of Status	1
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LLC

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2022 DEC 28

**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

OAK RIDGE POD 9 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:

1. The name of the limited liability company is OAK RIDGE POD 9 LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on July 21, 2022, and assigned Document Number L22000322004.
3. The Company has never commenced doing business.
4. Pursuant to Section 605.0701 of the Act, dissolution was authorized by joint written consent of the manager and the holders of all of the issued and outstanding membership interests in the Company (the "Members"), dated as of December 27, 2022.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. The Company has no assets for distribution to the Member.
7. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of the 27th day of December 2022.

/s/ William Johnson

William Johnson, Authorized Person

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**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: OAK RIDGE POD 9 LLC

Document Number of Limited Liability Company: L22000322004.

Date of Dissolution: The dissolution of the Company shall be effective upon the date of filing of the Articles of Dissolution with the Secretary of State of Florida.

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: OAK RIDGE POD 9 LLC, 105 NE 1st Street, Delray Beach, Florida 33444, Attn: William Johnson.

A claim against OAK RIDGE POD 9 LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

/s/ William Johnson

William Johnson, Authorized Person

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