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(((H24000334669 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number: I1999000006 Phone : (407)425-7010

Fax Number

: (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL **CENTER 9, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	CENTER 9, LLC		
SUBJECT	(Name of Limit	ed Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing	
Please return	all correspondence concerning this matter to	the following:	
	Joseph C. Wettach, Esq.		
	(Na	ne of Person)	
	Zimmerman, Kiser & Sutcliffe, P.A.		
	(Fil	m/Company)	
	315 E. Robinson Street, Suite 600		
		Address)	
	Orlando, Florida 32801		
	(C:ty/Su	ste and Z:p Code)	
For further in	oformation concerning this matter, please call		
Em	ily Bautista, Corporate Paralegal	407 425-7010 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a c	theck for the following amount		
■ \$ 25	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
<u>Mai</u>	iling Address:	Street Address:	
_	gistration Section	Registration Section	
	rision of Corporations D. Box 6327	Division of Corporations	
	lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 ananassee, 1 12 32314		Tallahassee, FL 32303	

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

CENTER 9, LLC	ability company is
The Articles of Organiz	ation were filed on and assigned
document number L220	00387013
Note: If the date inserted	te the dissolution if not effective on the date of filing: upon filing tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ffective date on the Department of State's records
A. A description of occurre 605,0707, Florida Statute	nee that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter).
Cessation of Business Ope	rations
	enter the name and address of the person appointed to wind up the simpany Randy Baugh
5. If there are no members, activities and affairs:	Randy Baugh 3948 3RD STREET, SOUTH #35
	Randy Baugh
	Randy Baugh 3948 3RD STREET, SOUTH #35
activities and affairs: 6. Signature of an authoriz	Randy Baugh 3948 3RD STREET, SOUTH #35 JACKSONVILLE BEACH, FL 32250 PART 28 Ed person or if there are no members, the signature of the person appointed and listed
activities and affairs:	Randy Baugh 3948 3RD STREET, SOUTH #35 JACKSONVILLE BEACH, FL 32250 PART 28 Ed person or if there are no members, the signature of the person appointed and listed

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:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Description of claim and name and contact information of Claimant.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3948 3RD STREET, SOUTH #35
JACKSONVILLE BEACH, FL 32250
A claim against the above named limited liability company will be barred unless a proceeding to enforce t claim is commenced within 4 years after the filing of this notice.
Randy Baugh RAMY BAUGH

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

Signature of the Person Filing

Printed Name of the Person Filing