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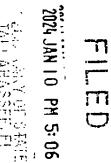
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SMAS Property	Managenieut LLC				
(Name of Limited	(Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.				
Please return all correspondence concerning this matter to the	e following:				
ERIC A MOI	2RIS				
(Name of Person)					
	(Name of Limited Liability Company) es of Dissolution and fee(s) are submitted for filing. respondence concerning this matter to the following: ERIC A MORRIS (Name of Person) (Firm/Company) 3060 Phar Court North North (Address) (City/State and Zip Code) ion concerning this matter, please call: - Morris (Name of Person) at (Licit) (Licit Dissolution & Certified Copy (additional copy is enclosed) diress: ion Section of Corporations 6327 The Centre of Tallahassee				
	Apt 216, Attanta GA 30305 (CinyState and Zip Code) (Name of Person) (CinyState and Zip Code) (Name of Person) (Address) (Ame of Person) (Ame of Person) (Ame of Person) (SinyState and Zip Code) (Name of Person) (Ame of Person) (SinyState and Zip Code) (Name of Person) (SinyState and Zip Code) (Name of Person) (Name of Person) (SinyState and Zip Code) (Name of Person) (Name of Person) (Name of Person) (SinyState and Zip Code) (Name of Person) (Name of Per				
(Ac	(Firm/Company) 3060 Pharr Court North North (Address) Apt 216, Attanta, GA 30305 (City/State and Zip Code) ner information concerning this matter, please call:				
Apt 216, Attanta,	Articles of Dissolution and fee(s) are submitted for filing. all correspondence concerning this matter to the following: ERICA MORRIS (Name of Person) (Firm/Company) 3060 Phare Courts North, North (Address) Apt 216, Attanta, GA 30305 (City/State and Zip Code) dformation concerning this matter, please call: 21 Morris (Name of Person) at (LCH) (Area Code & Daytime Telephone Number) heck for the following amount: 00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed) ling Address: estimation Section Division of Corporations 1. Box 6327 The Centre of Tallahassee				
(City/State	and Zip Code)				
For further information concerning this matter, please call:					
ERIC Morris	at (404) 662 0822				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$25,00 Filing Fee and Certificate of Dissolution	Filing Fee and Certificate of Dissolution				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	EMAS Property Management LLC
2.	The Articles of Organization were filed on 11/08/2027 and assigned
	document number L22 000478886
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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	I Need to disolve my LLC because
	the business is NET in use and is NO
	I heed to dissolve my Lic because the business is NET in use and is No Longer required.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Eric Morns
	2024
6. ab	Signature of an authorized person or if there are no members, the signature of the person ove to wind up the company's activities and affairs:
	Fair & Morris
	Signature Printed Name

FILING FEE: \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is	majement	LLC	
2. The Articles of Organization	on were filed on	1/08/2022	and assigne	·d
document number	-22 0004	78886		
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	e date cannot be prior to or n this block does not meet t	ore than 90 days later th he applicable statutory	an date document is rece	rived for filing) his date will not be
4. A description of occurrence 605.0707. Florida Statutes.	e that resulted in the lim (copy 605.0707 on back	ited liability compar cover letter).	ny's dissolution purs	suant to section
I need to	disolve	my LLC	becaus	e E
I need to the busine	in is NET	in use	and is	_က ာ
Longel rea	pured.			
5. If there are no members, en activities and affairs:	ter the name and addres	ss of the person appe	inted to wind up the	company's
	ERIL N	dorns		
	3700 5	5 osprey	Avenue	APE 211
	Sara	sota Fla	rida, 342	39
6. Signature of an authorized pabove to wind up the company	person or if there are no	members, the signa	•	
	.WW		eic J. M	lorres
Signature Printed Name				

FILING FEE: \$25.00