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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH,
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY DISSOLUTION

SUNRISE CITY PROPERTIES, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is SUNRISE CITY PROPERTIES, LLC

2. The effective date of the limited liability company's dissolution is UPON FILING

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

WRITTEN CONSENT OF ALL MEMBERS OF THE LIMITED LIABILITY COMPANY

4. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Typed or Printed name

HERBERT J. ROCHESTER

Filing Fee: \$25.00

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