

L070000017613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

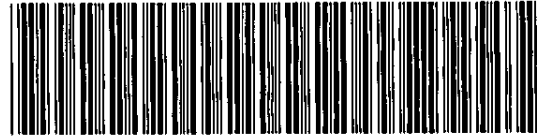
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800259050038

04/23/14--01009--018 \*\*25.00

2014 APR 23 14 02 54  
TO ACCORDANCE  
SUFFICIENCY OF FILING

14 APR 23 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 23 2014  
T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORNERVIEW BUILDING, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE SCHULZ  
(Name of Person)  
SUMMIT GROUP MANAGEMENT, LLC  
(Firm/Company)  
2073 SUMMIT LAKE DR., SUITE 100  
(Address)  
TALLAHASSEE FL 32317  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE SCHULZ at ( 850 ) 219-8207  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**  
14 APR 23 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CORNERVIEW BUILDING, LLC

2. The Articles of Organization were filed on FEBRUARY 15, 2007 and assigned  
document number L07000017613

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)

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).

The assets of the company were sold.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Claude R. Walker  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**