Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COBB & COLE Account Number : I20030000050 Phone : (386) 323-9251

Fax Number

: (386)258-5068

LLC DISSOLUTION OR WITHDRAWAL CAPITAL OFFICE PRODUCTS SOUTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 3 1 2016



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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is CAPITAL OFFICE PRODUCTS SOUTH, LLC.
- 2. The Articles of Organization were filed on August 11, 2009 and assigned document number L09000076995.
 - 3. The effective date of dissolution shall be the date of filing.
- 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Florida Statutes: written consent of all of the members of the limited liability company was obtained.
- 5. All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
 - 7. There are no suits pending against the company in any court.

Signature of an authorized person:

Thomas M. Patton

TILED
2016 -- 5 30 A 9: 39
EFFETARY OF STATE

(033974-017 EAAPPL/AAPPL : 02053867 (2001. 1)

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Notice of Limited Liability Company Dissolution

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 "Natice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution,

Name of Limite	d Liability Company: Capital Office Products South	, LLC	3	
Document numb	ber of Limited Liability Company is: L09000076995			
Date of dissolut	ion was: Date of Filing			
Description of i	information that must be included in a written claim:			
Name of c	laimant, nature of claim, amount of claim, and dat	e clai	m aċ	crued.
			2015	countries.
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corp	NATIONS Includes	* 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	Capital Office Products South, LLC		Þ	111
	210 Fentress Blvd.	ORI	ည်	
	Daytona Beach, Florida 32114	Dm A	ق <i>ت</i> -	
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Thomas M. Patton

Printed Name of the Person Filing

Signature of the Person Filing

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

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