

204000014455

(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:

Disc

Office Use Only



300309772813

03/05/18--01020--020 **25.00

FILED

18 MAR 19 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTST, 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:

DENNIS HANBERG
(Name of Person)

CTST LLC
(Firm/Company)

970 CAPE MARCO DR APT 2002
(Address)

MARCO ISLAND FL. 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS HANBERG at 239 389-6327
(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
18 MAR 19 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

CTST LLC

2. The Articles of Organization were filed on _____ and assigned

document number L04000014455

3. The delayed effective date the dissolution if not effective on the date of filing: 3-2-18
(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).

Need No Longer

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

DENNIS HAIBERG

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

DENNIS HAIBERG
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2018

DENNIS HALLBERG
CTST, LLC
970 CAPE MARCO DR, APT. 2002
MARCO ISLAND, FL 34145

SUBJECT: CTST, LLC
Ref. Number: L04000014455

We have received your document for CTST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00004488

RECEIVED
2018 MAR 20 AM 9:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA