

204000016381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

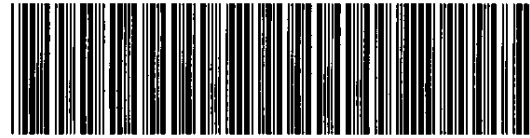
(Document Number)

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EFFECTIVE DATE 11/30/14



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CLERK OF STATE
TALLAHASSEE FLORIDA

NOV 04 2014
1102 40 AM
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC Properties, 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:

Sandra Saracione

(Name of Person)

CC Properties, LLC

(Firm/Company)

2819 Cape Coral Parkway West

(Address)

Cape Coral, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent Mongno

(Name of Person)

at (

908

654-7901

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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**

1. The name of a limited liability company is

CC Properties, LLC

2. The Articles of Organization were filed on February 20, 2004 and assigned

document number L04000016381

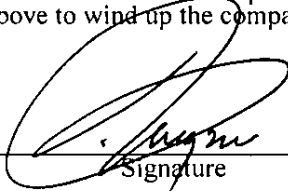
3. The delayed effective date the dissolution if not effective on the date of filing: November 30, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

CC Properties, LLC ceased all operations

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

Vincent Mongno

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV - 3 PM 12:25

FILED

EFFECTIVE DATE 11/30/14