

LA4000087814

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(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:

EFFECTIVE DATE  
4/30

Office Use Only



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04/26/16--01010--014 \*\*25.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 APR 26 PM 3:36

APR 27 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMTS REAL ESTATE 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:

K. Hezekiah Harris II

(Name of Person)

CMTS LLC

(Firm/Company)

8500 N Stemmons Freeway Suite 6077

(Address)

Dallas TX 75247

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
16 APR 26 PM 3:36

For further information concerning this matter, please call:

K. Hezekiah Harris II

(Name of Person)

at ( 214 ) 637-6200

(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**

1. The name of a limited liability company is

CMTS REAL ESTATE LLC

2. The Articles of Organization were filed on 12-06-2004 and assigned

document number L04000087814

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2016  
(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.

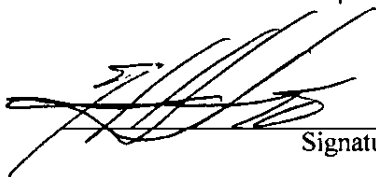
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Section 9.1a of the Companies operating agreement.

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TALLAHASSEE, FLORIDA

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

K. Hezekiah Harris II

Printed Name

**FILING FEE: \$25.00**