

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr>

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000407734 3)))



H230004077343ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MORRIS A. LECOMPTE, P.A.
Account Number : 072100000461
Phone : (727)896-1000
Fax Number : (727)896-1009

**LLC DISSOLUTION OR WITHDRAWAL
CNLP3 PARTNERS, L.L.C.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 30 2023
K. Brumley

93-1110 63-1110

RECEIVED
DIVISION OF CORPORATIONS
NOV 29 2023

2023 NOV 29 PM 12:17

RECEIVED
AND
FILED

H23000407734 3

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

1. The name of a limited liability company is
CNLP3 Partners, L.L.C.

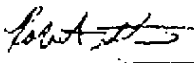
2. The Articles of Organization were filed on March 24, 2005 and assigned
document number L05000029795

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)
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).
Consent of all Members.

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

Robert N. Stern, Manager

Printed Name

FILING FEE: \$25.00

RECEIVED
ATC
FILED
20 NOV 29 PM 12:17

H23000407734 3

H23000407734 3

Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

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

Name of Limited Liability Company: CNLP3 Partners, L.L.C.

Document number of Limited Liability Company is: L05000029795

Date of dissolution was: 11/29/2023

Description of information that must be included in a written claim:

See notice requirements attached hereto and incorporated herein by this reference.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CNLP3 Partners, L.L.C.

Attn: Robert N. Stern, Manager

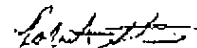
931 Norsota Way

Sarasota, FL 34242

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.

Robert N. Stern, Manager

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

H23000407734 3

H23000407734 3

CNLP3 PARTNERS, L.L.C.
NOTICE REQUIREMENTS

(Attachment to Notice of Limited Liability Company Dissolution)

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
 - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
 - (b) Describe the specific damage or injury that you believe resulted from the incident.
 - (c) Explain the circumstances that led to the damage or injury.
 - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
 - (e) Explain why the claimant believes the company is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claimed are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.

H23000407734 3