

LOS000059125

(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:

Office Use Only



300293763623

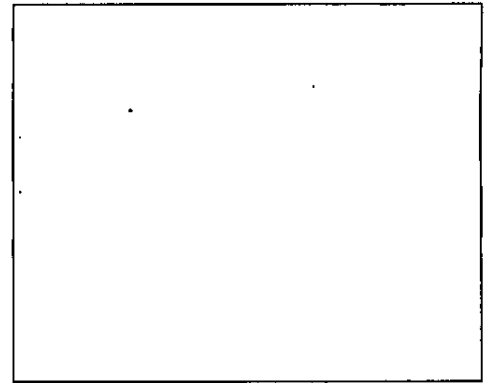
01/13/17--01014--011 \*\*35.00

RECEIVED  
17 JAN 13 PM 2:06  
SUPERIOR COURT  
2017 JAN 13 A 10:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JAN 17 2017

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

COPHAM MANAGEMENT, LLC

CH# 1006 FOR \$35.00

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

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

1. The name of a limited liability company is

Copham Management, LLC

2. The Articles of Organization were filed on June 14, 2005 and assigned

document number L05000059125

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2016 (for accounting purposes only)  
(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).

The dissolution was approved by the member and all of the managers.

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

David L. Copham

Printed Name

**FILING FEE: \$25.00**

2011 JUN - 3 A 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## 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: Copham Management, LLC

Document number of Limited Liability Company is: L05000059125

Date of dissolution was: December 31, 2016 (for accounting purposes only)

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

Parties to the claim;

Amount of the claim;

Date the claim was incurred; and

Summary of the basis for the claim

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

11290 Longwater Chase Court

Fort Meyers, FL 33908

2017 JAN 13 A 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.

David L. Copham

Printed Name of the Person Filing

David L. Copham

Signature of the Person Filing

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