

LO7000060920

(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



500287428365

07/05/16--01023--021 **55.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL -5 PM 4:55

EFFECTIVE DATE

7/15

JUL 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF CCR GROUP, LLC

DOCUMENT NUMBER: #L07 0000 60920

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA A. WISE
(Name of Contact Person)

CCR GROUP, LLC
(Firm/Company)

247 SW 14th STREET
(Address)

POMPAHO BEACH, FL 33060
(City/State and Zip Code)

16 JUL -5 P11 4: 56
11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LISA A. WISE at (954) 461-5480
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
(Additional copy is enclosed)
- \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment 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

CCR GROUP, LLC

2. The Articles of Organization were filed on JUNE 7, 2007 and assigned

document number LD7000060920

3. The delayed effective date the dissolution if not effective on the date of filing: 07/15/16
(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).

Voluntary DISSOLUTION TO PURSUE OTHER
CAREER OPPORTUNITIES

16 JUL -5 PM 4:56
SECRETARY OF STATE
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:

LISA A. WISE 247 SW 14 ST. APOPKA BEACH, FL 32660

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

LISA A. WISE
Printed Name

FILING FEE: \$25.00