

L090000002368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

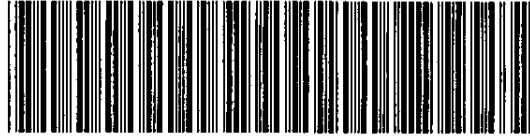
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15 FEB 25 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 6 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C Squared Architects, 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:

CORIE BAUER

(Name of Person)

C Squared Architects

(Firm/Company)

4507 Augusta Ave

(Address)

Richmond, VA 23230

(City/State and Zip Code)

For further information concerning this matter, please call:

CORIE BAUER

(Name of Person)

at (904) 778 5952

(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

FILED
15 FEB 25 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

C Squared Architects, LLC

2. The Articles of Organization were filed on JANUARY 8, 2009 and assigned

document number LO9000002308

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)

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).

No longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

COLE BAKER

4507 Augusta Ave

Richmond, VA 23230

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

COLE BAKER
Printed Name

FILING FEE: \$25.00