

LO9 0000 65326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

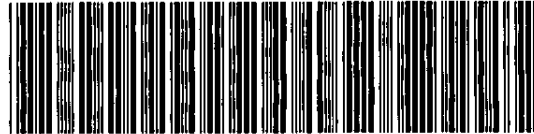
(Business Entity Name)

(Document Number)

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NOV 21 2017  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 375327 7523987  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : November 18, 2016  
ORDER TIME : 12:33 PM  
ORDER NO. : 375327-015  
CUSTOMER NO: 7523987  
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DOMESTIC FILINGS

NAME: CA POMPAÑO MANAGER, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CA Pompano Manager, 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:

Heather Mallard  
(Name of Person)

40 Concord Hospitality Enterprises Company  
(Firm/Company)

11410 Common Oaks Drive  
(Address)

RALEIGH, NC 27614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Mallard at ( 919 ) 278-1599  
(Name of Person) (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

CA Pompano Manager, LLC

2. The Articles of Organization were filed on 07-07-2009 and assigned

document number L09000065326

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).

The consent of all members as provided in  
Section 605.0701 (2)

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

CONCORD Manager, LLC  
11410 Common Oaks Drive  
Raleigh, NC 27614

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:

CONCORD Manager, LLC

By: Julie L. Richter  
Signature

Julie L. Richter, V.P.  
Printed Name

FILING FEE: \$25.00

FILED  
RECORDS SECTION  
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