109000072254

(Re	questor's Name)	
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18 FEB -6 PH 4: 2
SECRETARY OF STATE

K. SALY FEB 7 2018

COVER LETTER

TO:

Registration Section Division of Corporations

CTA CDE SUB 3, LLC

SUBJECT:

(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:

Capital Trust Agency Community Development Entity, LLC

(Firm/Company)

315 Fairpoint Drive

(Address)

Gulf Breeze, FL 32561

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Gray III

__85

934-4046

(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

FILED

18 FEB -6 PH 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of a limited liability company CTA CDE SUB 3, LLC	y is
2. The Articles of Organization were filed	on July 27, 2009 and assigned
document number L09000072254	
. The delayed effective date the dissoluti (effective date cannot b <u>Note:</u> If the date inserted in this block doe listed as the document's effective date on t	e prior to or more than 90 days later than date document is received for filing) es not meet the applicable statutory filing requirements, this date will not b
. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0)	ed in the limited liability company's dissolution pursuant to section 707 on back cover letter).
	of the members CTA CDE SUB 3, LLC have consented to
the dissolution.	
. If there are no members, enter the name activities and affairs:	e and address of the person appointed to wind up the company's
	
. Signature of an authorized person or if sted above to wind up the company's act	there are no members, the signature of the person appointed and ivities and affairs:
Id Gray #	Edward Gray III Gal Dray #
Signature Signature	Printed Name /

FILING FEE: \$25.00