

LO9000114648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

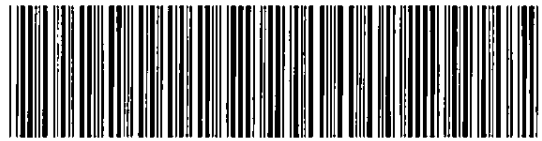
Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CommerCenters EB5 Regional Center Investments, 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:

G. Richard Hostetter, Pres.
(Name of Person)
CommerCenters, LLC, mgr
(Firm/Company)
1203 Nottingham St.
(Address)
Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

G. Richard Hostetter at (407) 620-8854
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is CermenCenters EB 5 Regional Center Investments, LLC
2. The Articles of Organization were filed on December 9, 2009 and assigned document number LC9000114648
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).

Closed For business - AN event which, pursuant
to the Operating Agreement, requires dissolution

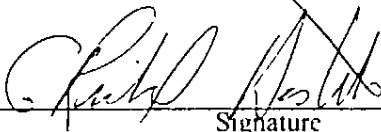
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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

G. Richard Hostetter
Printed Name

FILING FEE: \$25.00